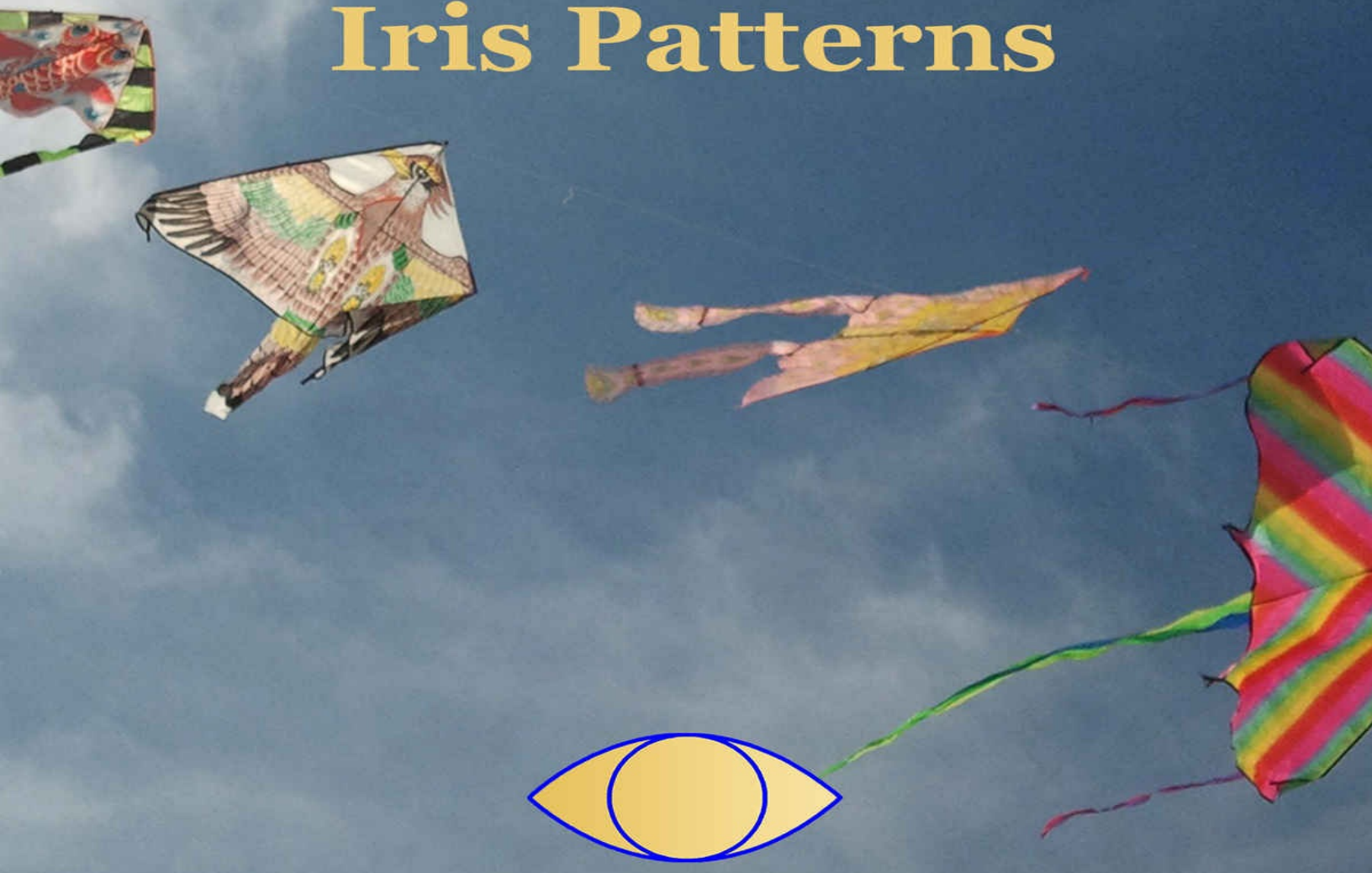
Francesco Puerari

# The Basics of Iridology

# 1

# Iris Patterns



**Francesco Puerari**

# The basics of Iridology

1

## Iris Patterns

# SUMMARY


The basics of Iridology

About the author

Work Plan

Acknowledgements

Copyright

Iridology a definition

Iris and Pupil

Pupil and Autonomic Nervous System

Mydriasis and Miosis

Functional disorders

Autonomic Nervous System

Fear and Pain

Noradrenaline driven and self controlled

Pupil and drugs

Eye and disease

Basic Terminology

Iris and current practice

Purpose of Iridology

Thirteen Patterns

Knowing the Iris

Constitutions

Dark iris

Clear Iris

Mixed iris-Biliary

Types (Morphologies)

Five morphologies

Spasmodic

Glandular

Connectival (mesenchymal)

Neurogenic

Tubercular

Diathesis

Exudative Diathesis

Evolution of exudative diathesis

Uric Diathesis

Dyscratic Diathesis

Lipemic (Cholesterinic) diathesis

Evolution of cholesterinic diathesis

Allergic Diathesis

Sports and Iris

Roles most suitable

Comments

Tables

Bibliography

# About the author

The author. Francesco Puerari MD has worked in an Italian General Hospital’s Anesthesia and Intensive Care Unit for 34 years. He as earned at the University of Pavia several postgraduate specializations (Anesthesia and Intensive Care, Dietetics and Nutrition, Medical Toxicology, Neurology). All along his professional life, he has also attended complementary medicine resources (Iridology and Homeopathy).

# Work Plan

This is the first of three textbooks on Iridology, a discipline focused on analyzing the information given by the colored part of the eye called iris.
It will describe the morphological variants of the iris (Iris patterns).
The second textbook will focus on a detailed description of the organs' projections on the iris (Maps).
Finally, the third textbook will be dedicated to the signs of unbalance collected from the iris (Markings).

# Acknowledgements

I want to thank the masters of Iridology E. Ratti, F. Minisini, J. Karl, W. Hauser, R. Stolz, A. A. Sartorelli, L. Birello and the Italian Iridology Association (ASSIRI).

# Copyright

Copyright © 2013 by Francesco Puerari
All rights reserved. No part of this book may be reproduced or transmitted in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, taping or by any information storage or retrieval system without the written permission of the author/publisher.
Published by:
Francesco Puerari
www.irispatterns.it
ISBN: 978-1-60458-4431-1

The iris is easy to examine. No aggressive procedures are required but simple ophthalmic instruments.

# Iridology a definition

Iridology studies the colored portion of the eye named *iris.*
The iris is a highly innervated organ, which is stimulated both by the external environment as well as by the body.
The structure of the iris mirrors the individual constitution: illnesses, harmful habits and aging can alter it.
The iris analysis completes medical practice by supplying data on constitution, nervous response, damages caused by aging, illnesses and familiarity.
Iridology is a discipline that enriches traditional investigations. It collects signs. It does not provide diagnosis.

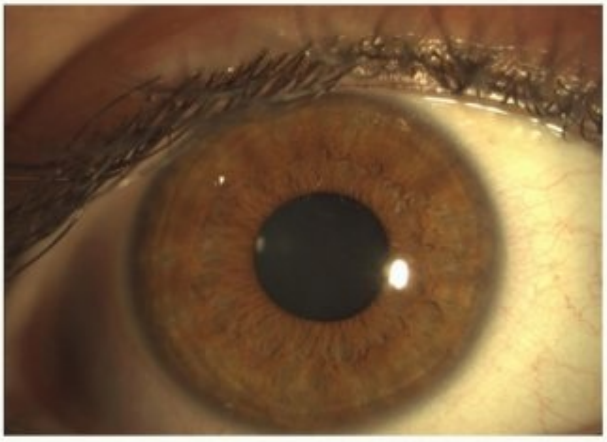
This book is an information source only. It does not provide advice for self-diagnosis or self-prescription and treatment.

# Iris and Pupil

Pupil's dimension influence the shape and size of the iris and it is the first feedback of *iridological* analysis.
A dilated or contracted pupil is an important source of knowledge.
In current language, very reactive, agile and quick people are defined ***adrenaline-driven*** while quiet, moderate and restrained people are defined ***self-controlled***.
The pupil's dilation gives information in this regard. It is regulated by the involuntary innervation of organs: the autonomic nervous system. The latter is composed of two major sections in constant balance with each other: the ***sympathetic nervous system*** and the ***parasympathetic nervous system.***
The sympathetic nervous system is considered as the stimulator of organs' activity while the parasympathetic nervous system is considered its modulator and restrain.
Such rough distinction is a consequence of the effects that the sympathetic neurotransmitter ***(noradrenaline)*** and parasympathetic one ***(acetylcholine)*** have on the heart, the bloodstream and on the central nervous system.
**Heart and circulatory system**. Noradrenaline is a stimulator of the heart and bloodstream: it enhances heart rate, heart contraction and arterial pressure. Acetylcholine, on the other hand, decreases heart rate, heart contraction and arterial pressure.
**Nervous system**. Noradrenaline stimulates attention while acetylcholine integrates regulatory centers.

# Pupil and Autonomic Nervous System

Noradrenaline dilates the pupil while acetylcholine constricts the pupil.



Noradrenaline

Acetylcoline

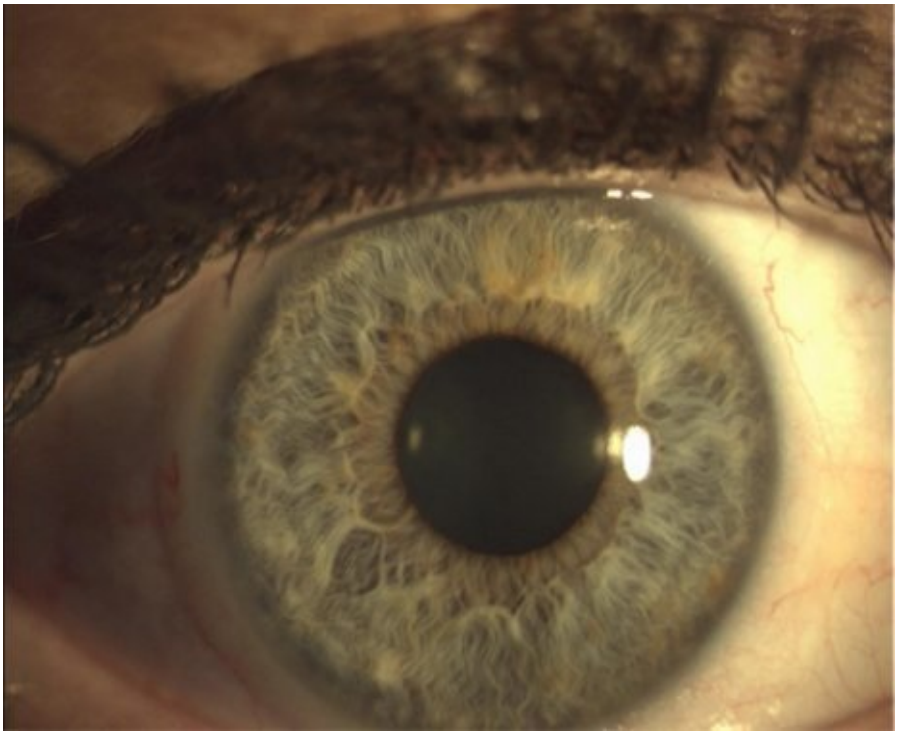
The pupil’s dilation shows a prevalence of the sympathetic nervous system, whereas the pupil’s constriction shows a prevalence of the parasympathetic nervous system. Therefore, pupil’s dilation will tell us whether the person is more or less adrenaline-driven or self-controlled.

# Mydriasis and Miosis

The pupil's dimensions depend on the intensity of light. Dilation occurs when light is scanty. Constriction occurs when light is intense.
Dilation is called ***mydriasis***.
Constriction is called ***miosis***
**Darkness:** mydriasis (sympathetic: noradrenaline)
**Intense light**: miosis (parasympathetic: acetylcholine)
Iris analysis is performed using medium light intensities such as not to provoke miosis or mydriasis but to obtain feedback on usual dilation.

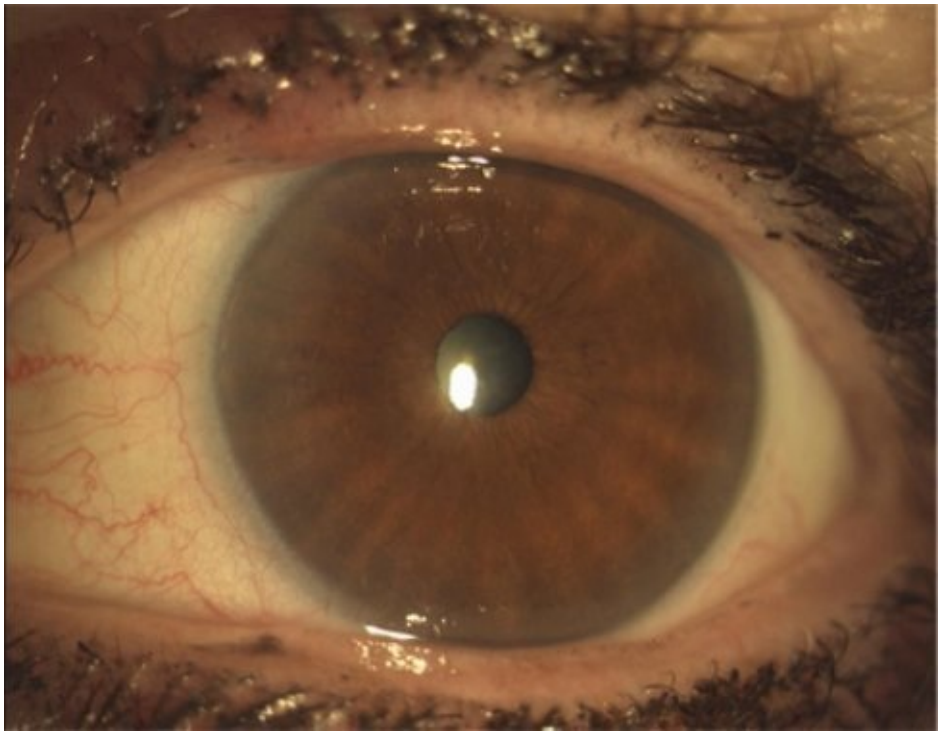
**NORADRENALINE AND ACETYLCHOLINE**

Noradrenaline and acetylcholine are substances affecting not only the autonomic nervous system but also the central nervous system, the endocrine system and the muscles.



Noradrenaline belongs to a group of substances called **catecholamines** (adrenaline, noradrenaline and dopamine) which have stimulating effects on the central nervous system: attention, vigilance, defense, awakening, response to

stress and danger. Dopamine has an important role on movement control and on the reinforcement of voluntary processes. Catecholamines are also hormones secreted by adrenal glands as a response to stress.



**Acetylcholine** is the main neurotransmitter in brain's regulatory areas, which are located at the base of the brain and constitute an interacting network of crucial importance for memory, affections, emotions and responses to environmental stimuli. Moreover, acetylcholine is the neurotransmitter providing muscular contraction. The nervous cells in charge of stimulating muscular activity (motor neurons), release acetylcholine in the contact point between nerve and muscle (neuromuscular plaque).

# Functional disorders

All organs' functions are regulated by the autonomic nervous system, not only those of the pupil or of the heart.

For example.

Breathing: the sympathetic system increases bronchial dilation, the parasympathetic provokes bronchial constriction.

Man sexuality: parasympathetic induces erection, sympathetic release orgasm.

Many disorders are caused by an imbalance of the autonomic nervous system. These are called functional disorders. Such definition indicates function's impairment in the absence of organic damages.

**Organic damage and functional disorder.**

In current practice, the problem of distinguishing between organic damages and functional disorders is usual.

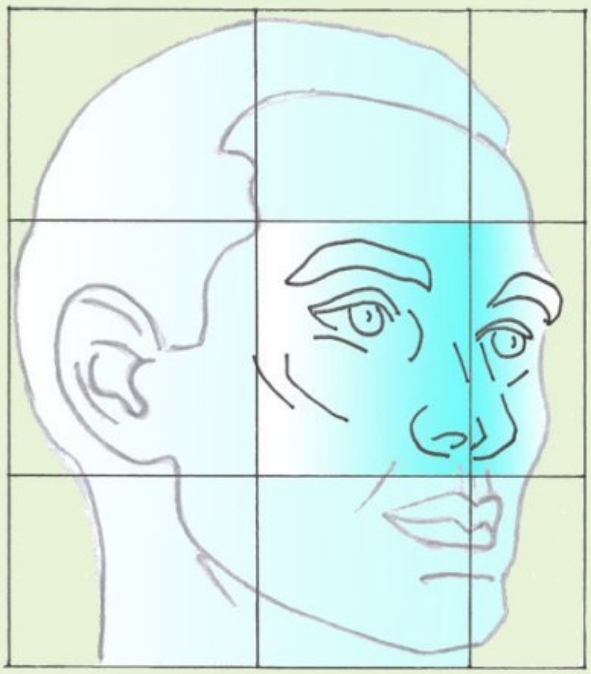
Being the pupil a reliable indicator of the autonomic nervous system activity, the analysis of pupillary dilation or constriction associated to a good knowledge of the autonomic nervous system's effects on the organs, can help distinguish a functional disorder from an organic one.

# Autonomic Nervous System

The autonomic nervous system is also called *neurovegetative system.* It regulates the organs' involuntary activity.
Not all responses to the neurovegetative nervous system are as simple as those of the pupil and the heart.
Frequently responses to *noradrenaline* and *acetylcholine* are not stimulating or modulating but *functional to the organ.*
It is therefore important to know the main effects of the two sectors of the neurovegetative system on the organs. This will help understand or foresee individual predispositions.
The tables in the following pages summarize the autonomic nervous system's effects on the main organs and systems.

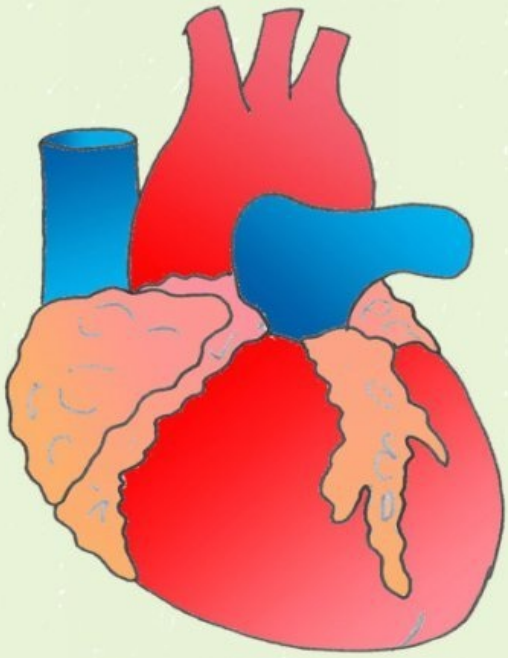
*Eye*
*Cardiovascular System*
*Respiratory System*
*Gastrointestinal System*
*Urogenital System*

# EYES



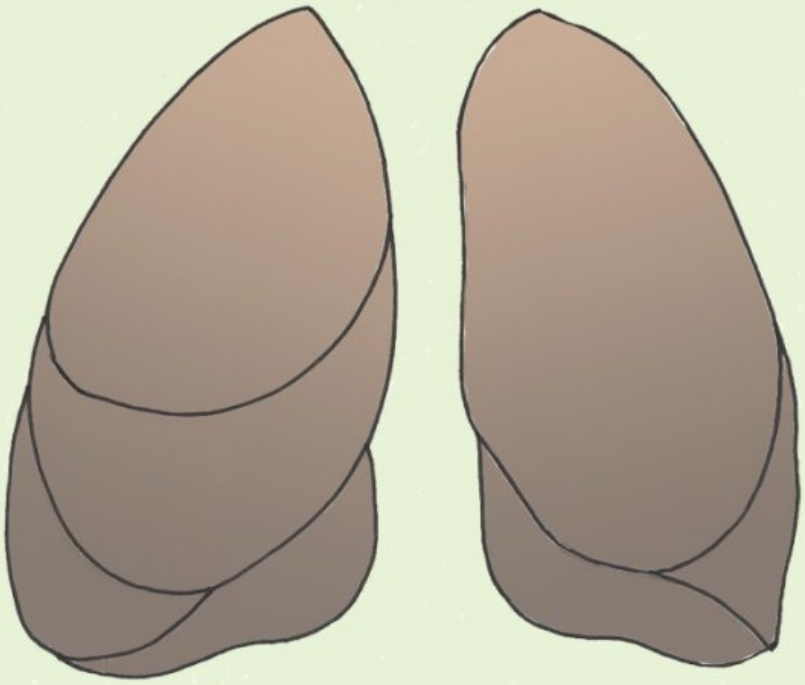
| Symphatetic (noradrenaline) | Parasymphatetic (acetylcholine) |
|---|---|
| Constriction of iris radial muscles: mydriasis | Constriction of iris circular muscles: miosis |
| Predisposition to: photophobia | Predisposition to: spasm of optic nerve |

# HEART AND CIRCULATORY SYSTEM



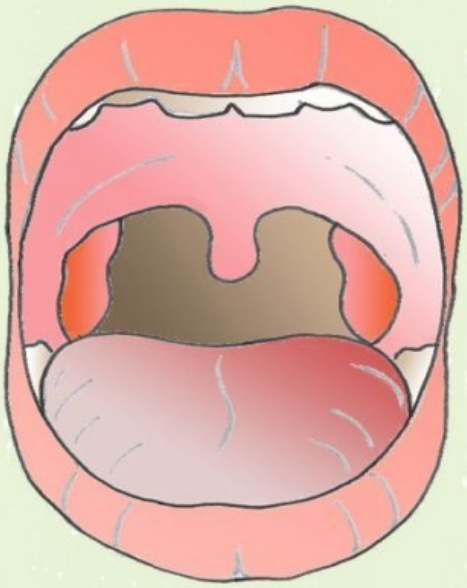
| Sympathetic (noradrenaline) | Parasympathetic (acetylcholine) |
|---|---|
| Heart's rate and contraction increase, vasoconscriction. | Heart's rate and contraction decrease. |
| Predisposition to: hypertension, arrhythmia, stroke. | Predisposition to: hypotension, bradycardia, vagal collapse. |

# LUNGS

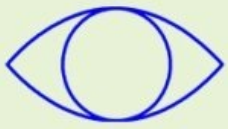


| Sympathetic (noradrenaline) | Parasympathetic (acetylcholine) |
|---|---|
| Bronchial dilation<br>Reduction in secretions | Bronchial constrictions<br>Increase in secretions |
| | Predisposition to: asthma, emphysema, bronchitis |

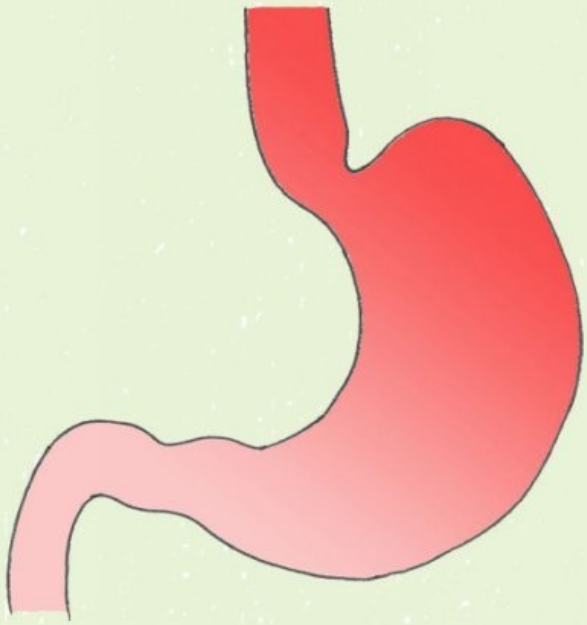
# ORAL CAVITY



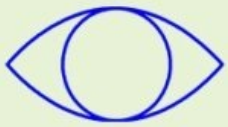
| Sympathetic (noradrenaline) | Parasympathetic (acetylcholine) |
|---|---|
| Salivation: Inibition<br>Mucus salivation | Salivation: Stimulation<br>Watery salivation |



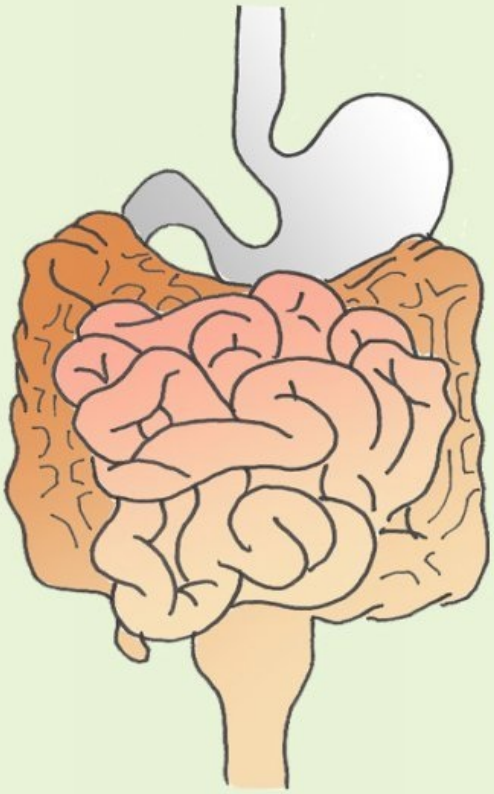
# STOMACH



| Sympathetic (noradrenaline) | Parasympathetic (acetylcholine) |
|---|---|
| **Predisposition to: gastritis and ulcer** | **Predisposition to: spasmophilia** |

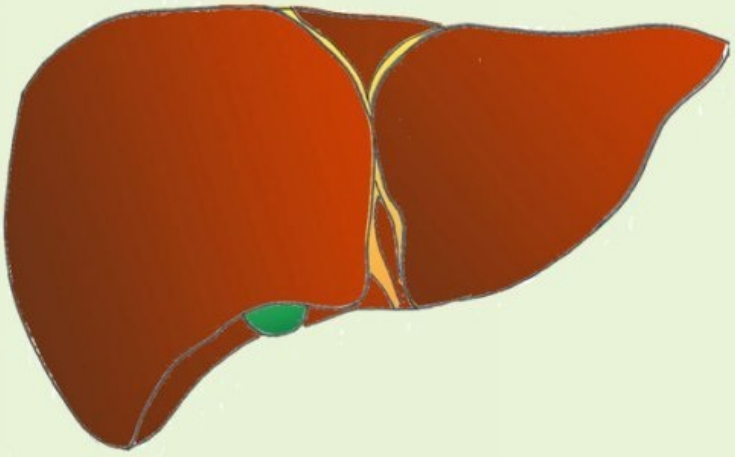


# DIGESTIVE TRACT

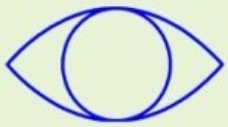


| Sympathetic (noradrenaline) | Parasympathetic (acetylcholine) |
|---|---|
| Decrease in motility<br>Secretions inibition<br>Visceral contraction | Increase in motility<br>Secretions increase<br>Visceral relaxation |
| Severe constipation | Irritable bowel sindrome |

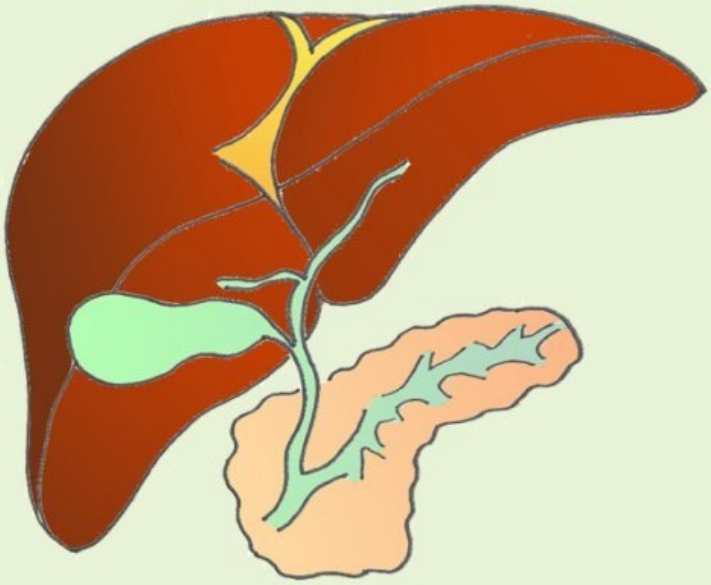
# LIVER



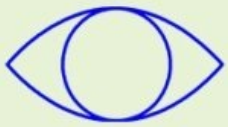
| Sympathetic (noradrenaline) | Parasympathetic (acetylcholine) |
|---|---|
| Release of glucose: (syntesis and realease) Hyperglicemia | Storage of glucose and glicogen |



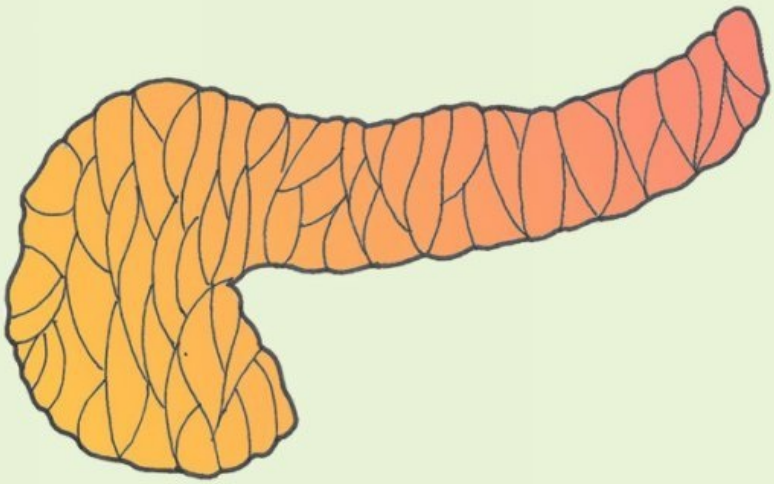
# GALLBLADDER



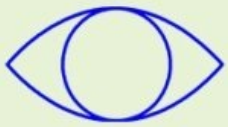
| Sympathetic (noradrenaline) | Parasympathetic (acetylcholine) |
|---|---|
| Relaxation | Contraction |



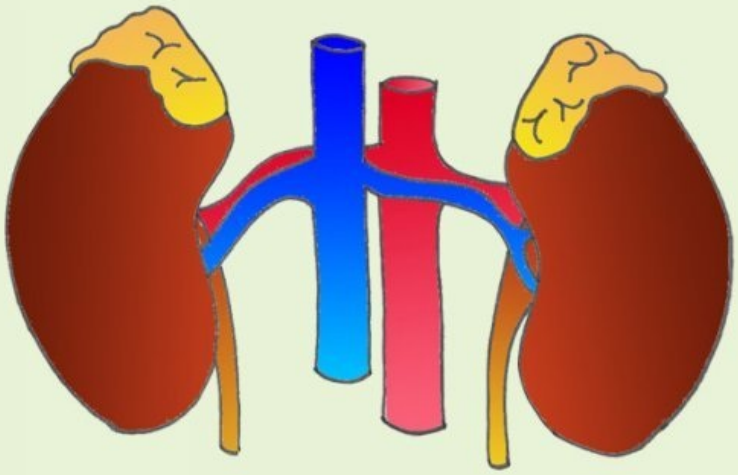
# PANCREAS



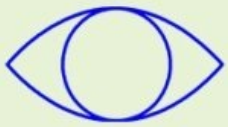
| Sympathetic (noradrenaline) | Parasympathetic (acetylcholine) |
|---|---|
| Inibition | Stimulation: digestive enzymes and insuline release |



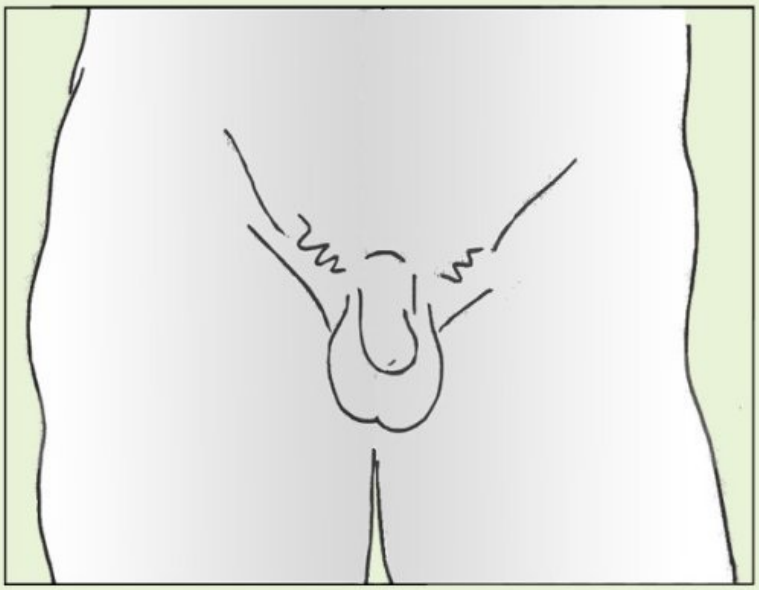
# KIDNEYS, URINARY BLADDER



| Sympathetic (noradrenaline) | Parasympathetic (acetylcholine) |
|---|---|
| Urinary bladder muscles relaxation.<br><br>Predisposition to: incontinence | Urinary bladder muscles contration.<br><br>Predisposition to: bladder overdistention |



# UROGENITAL SYSTEM

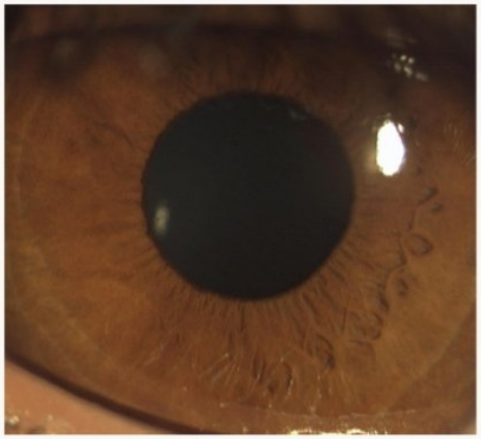


| Sympathetic (noradrenaline) | Parasympathetic (acetylcholine) |
|---|---|
| Orgasm<br>Ejaculation | Sexual arousal<br>Erection |

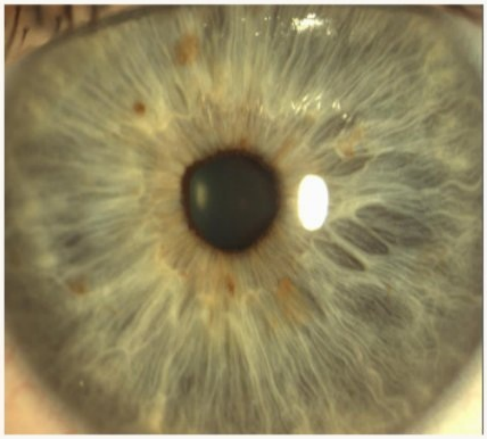
# Fear and Pain

Different physiological or pathological conditions provoke pupillary responses:

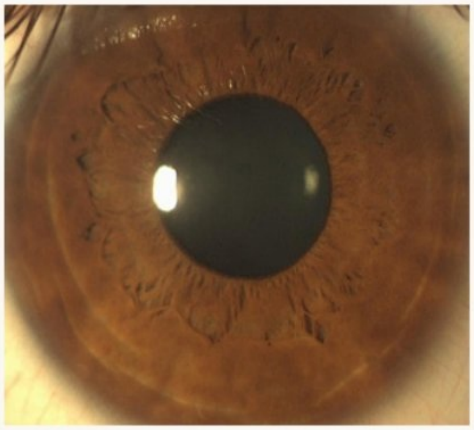
*Fear:* mydriasis (dilation)
*Painful stimulus:* miosis (constriction)
*Childhood:* tendency to mydriasis (dilation)
*Old age:* tendency to miosis (constriction)
*Hypoglycemia:* miosis (constriction)



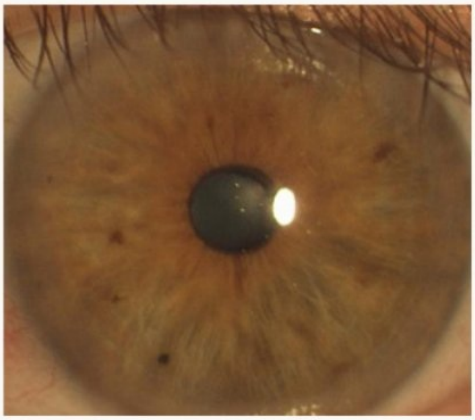
Fear



Pain



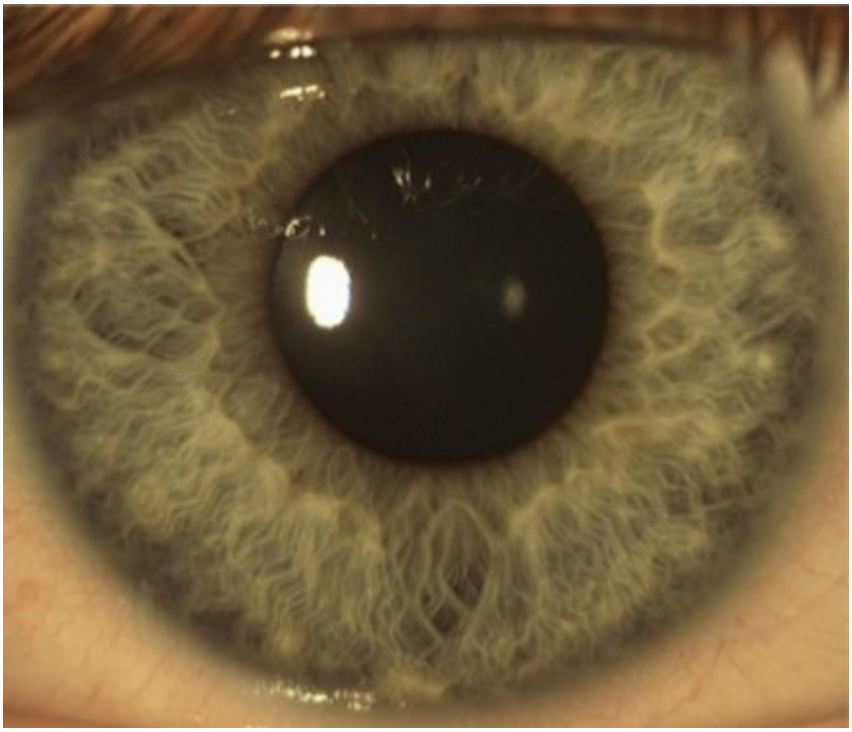
Tender age



Old age

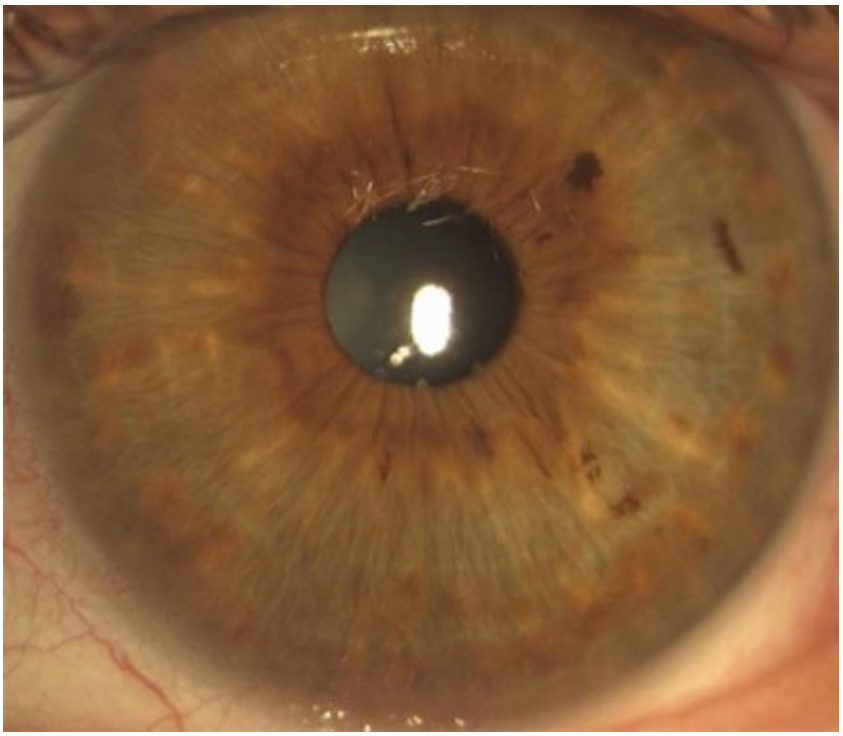
# Noradrenaline driven and self controlled

By means of an iridological check, it is possible to determine whether the person has a sympathetic or parasympathetic prevalence or a good neurovegetative balance.
The latter is a very useful datum thanks to which all other symptoms provided by the body will be better interpreted.
Considering noradrenaline and acetylcholine's effects on organs, it is possible to state the following:
Pupil's dilation (mydriasis): noradrenaline
Prevalence of the Sympathetic Nervous System. Stimulation of the Central Nervous System. Predisposition to reactivity. Predisposition to high heart rates (tachycardia). Slowing of gastric and intestinal activity. Adrenaline-driven.



**Pupil's constriction (miosis): acetylcholine.**
Prevalence of the Parasympathetic Nervous System. Modulation of the Central

Nervous System. Predisposition to control and integration. Predisposition to low hart rates (bradycardia). Intestinal neurosis. Self-controlled.



# Pupil and drugs

Many substances and drugs can affect sight and pupils. They can be grouped in three categories:

**Pupil's constrictors**

**Pupil's dilators**

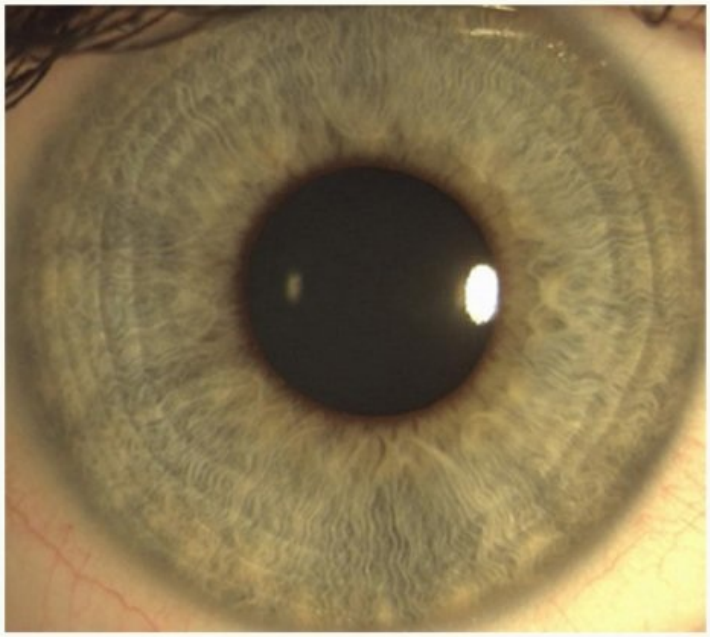
**Side effects inducers on vision and eye**

A good knowledge of these active principles will help distinguish whether the iris's signs belong to the person or not. The last section of this e-book (TABLES) contains detailed lists of pharmacological effects on the eyes. A *synthetic abstract* is shown below:

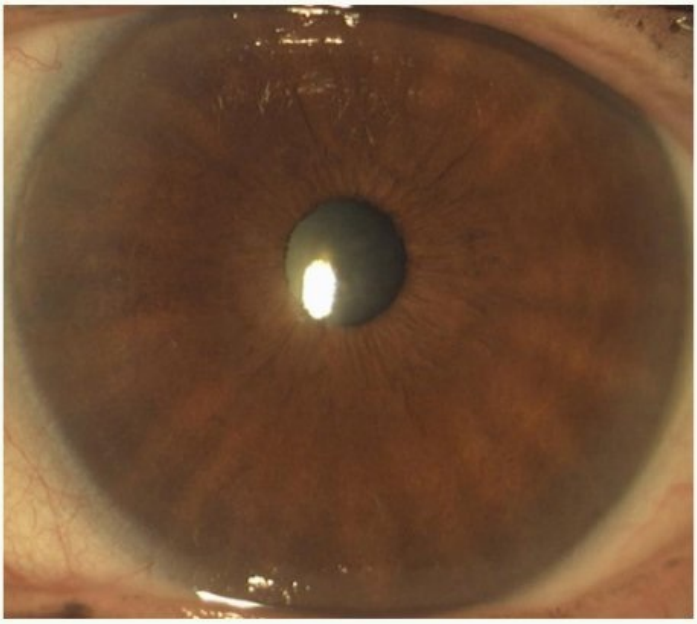
**Constrictors.** The main pupil's constrictors are morphine-derived narcotics and analgesics and, among drugs currently used, the anticholinesterase drugs used to fight senile dementia.

**Dilators.** Several antispasmodic drugs and antidepressants and eye-drops containing atropine.

**Side effects on vision and eye.** There is a great number of substances interfering with eye sight and eye movements. Cocaine is the main one: a widespread illegal psycho stimulant it interferes with involuntary eye movements. Eyelid blinking and *hippus* (uncontrolled alternation of contraction and dilation).



**Antispasmodics/Antidepressants**



**Opioids**

# ATROPA BELLADONNA

| | |
|---|---|
| **Pupil:** | **dilation (mydriasis)** |
| **Other:** | **heart rate's increase**<br>**mouth dryness**<br>**temperature increase**<br>**reddening** |
| **Active principles:** | **atropine, scopolamine** |
| **Effects:** | **parasympathetic block** |

# OPIUM POPPY
## (Papaver somniferum)

| | |
|---|---|
| **Pupil:** | **constrizion (miosis)** |
| **Other actions:** | **drowsiness, narcosis, analgesia, spasmolysis, constipation, drug-addiction** |
| **Active principles:** | **morfine, papaverine, codeine** |
| **Effects:** | **inibition of nociceptive transmission (analgesia). Stimulation of pupillary parasympathetic innervation** |

# Eye and disease

Several diseases modify the eye. Their damage might affect the sclera, the iris and the ocular globe.

The sclera is an evident clue to illnesses. It absorbs and discloses pigments and sediments and its capillaries are visible: yellowish pigmentation (jaundice: liver diseases), lipid deposits (arteriosclerosis), translucent plaques and wrinkles (nutritional deficiencies), capillaries' impairment (hypertension, circulatory disorders).

Ocular globes' increase in dimensions and protrusion (exophthalmia) are signs of a thyroid disorder.

A peripheral reddish ring saturates the iris in case of copper absorption's alterations caused by genetic diseases or liver's damages.

| EYE SIGN | DISORDER |
|---|---|
| Yellow pigmentation of the sclera (icterus) | Liver pathologies. Gallstones. Hepatic insufficiency. Hepatic cirrosis. Hepatitis. |
| Enlarged eye globes (exophtalmia) | Hyperthyroidism. Thyroiditis. |
| Bitot spots (iridescent spots on the sclera) | Vitamine A deficiency |
| Wrinkled cornea (xerosis, xerophthalmia) | Vitamine A deficiency |
| Golden brown ring at iris' southern margin (Kayser-Fleisher ring). | Copper deposit in the cornea following a liver damage caused by biliary cirrosis or congenital desease (Wilson desease). |
| Pigmentation deposits caused by toxics or drugs | Chloroquine, fenothiazines, amiodarone, gold, silver. |
| Bernard-Horner syndrome miosis, blepharoptosis, absence of lacrimation, decrease in eye volume, in one of the eyes. | Damage of the neurovegetative system with localised prevalence of the parasympathetic nervous system. |
| Cornea deposits of calcium along the inter palpebral fissure (band keratopathy) | Chronic inflammations (kerato ouveitis), systemic hypercalcemia |

# Basic Terminology

*Stroma.* Body and texture of the iris. It can appear compact or thinned-out with fibers that can be more or less thick. According to their diameter, fibers are described – from thinner to thicker- as silk, linen or hemp-like.

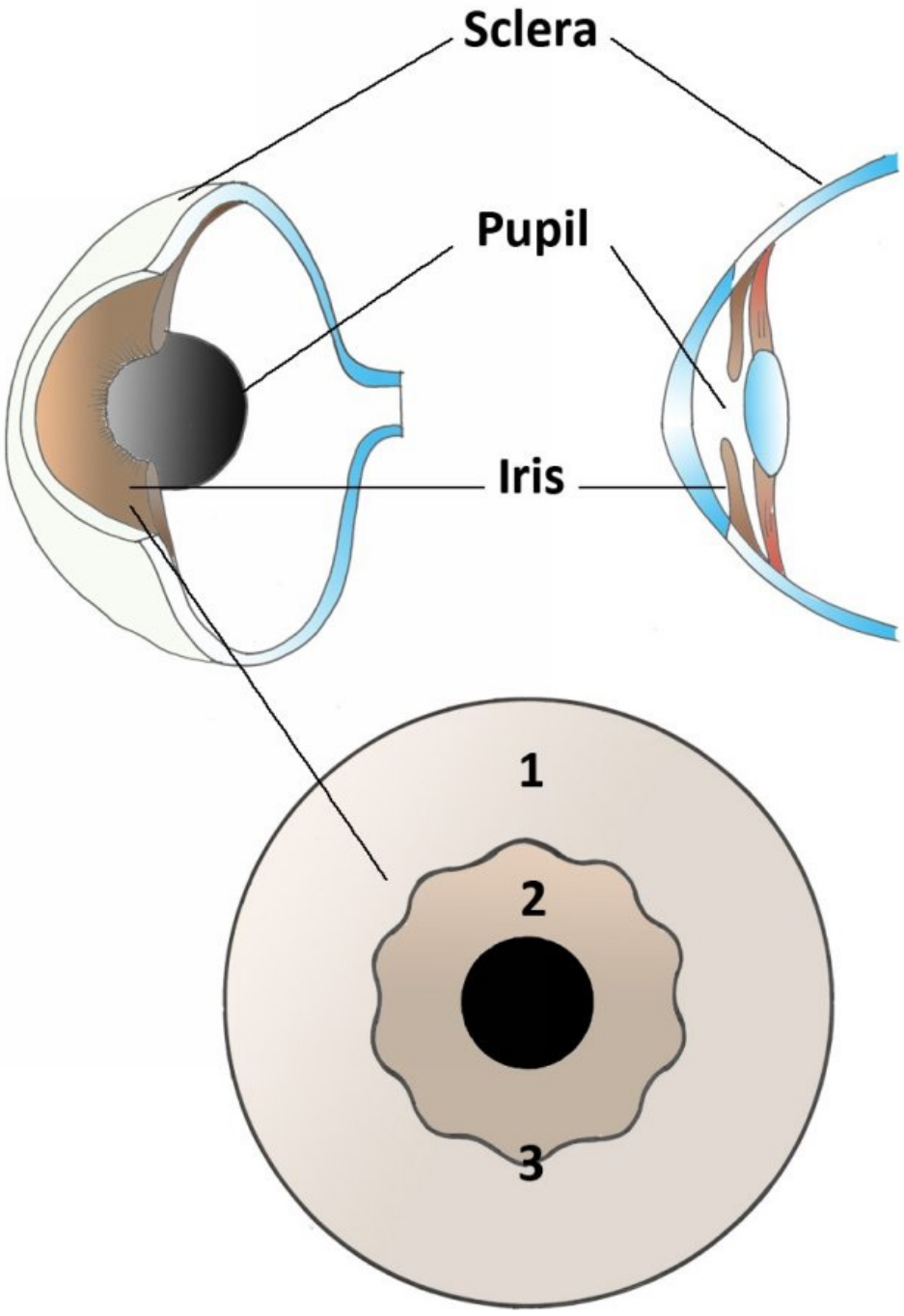
*Inner Pupillary Border (IPB).* The pupil's border is constituted by the final offshoots of the posterior ocular chamber's coating. It is a dark-colored granular tissue called inner pupillary border.

*Collarette.* First portion of the iris around the pupil, it is a circular band delimited by an uneven edge. It corresponds to about a third of the iris area.

*Nerve ring. Autonomic Nerve wreath.* Uneven edge circumscribing the crown. It is also called autonomic nerve wreath or neurovegetative ring.

*Ciliary body.* The area surrounding the collarette that corresponds to the remaining two thirds of the iris is called ciliary body. In order to facilitate the location and description of iris's damages, the ciliary body is usually divided into four areas: superior, inferior, right lateral and left lateral. The medial lateral areas are also called nasal, while the outer ones are also called temporal. Oftentimes, for a more precise marking, the hour subdivision is used, as if the iris were a clock face divided into 12 sectors: therefore, a sign found in the center of the superior area will be at 12:00 o'clock and so on.

*Screen and printing.* Since the iris examination of the two eyes is done frontally, the right iris is the one that will appear on the left of a screen or printed page and the left iris will appear on the right.




1) Ciliary body
2) Collarette
3) Autonomic nerve wreath

# Iris and current practice

We are now approaching iridology's core. Iridology is a science born in the second half of 1800 when Medicine still could not count on current diagnostic and therapeutic resources.

In those times, the ability to understand body messages was the premise for diagnoses and treatments: the origin of pain and its ramifications, skin changes, smells and the characteristics of dejections: breath, sweat, urine, feces; hair and nails' appearance, anomalies and asymmetries in responses to stimuli, congestions: plethora, edemas.

In the second half of 1800, Industrial Revolution had just begun and Mendeleev (chemist) and Pasteur (microbiologist) were opening the way to modern chemistry and bacteriology. Vaccinations and antibiotics would appear much later.

The research tool which allowed nineteen-century great medical discoveries was the microscope.

Nineteenth-century Iridology combines a set of modern tools (optic lenses) with an old approach to illnesses.

Nineteenth-century terminology still used in Iridology (constitutions, diathesis...), should not arouse doubts: it does not pertain to an outdated science but reveals a wealth of traditional knowledge enriching current practice.

# Purpose of Iridology

The following paragraphs explicitly associate iris' patterns to pathologies. The iris analysis expands the diagnostic context. However, the signs described will not be sufficient to formulate a diagnosis.
Therefore, these data should not lead to hasty decisions.
Iridology does not provide diagnosis of ongoing diseases, but constitutional predispositions.
In cases involving healthy people, it helps complete and customize the choice of periodic examinations and it assists in prevention.
In cases involving sick people, instead, it is a valuable support that works as a complementary aid to current practice adding data for better prevention and treatment.
The correct choice, therefore, is to see any iridological analysis as a good yet not sufficient help. It is a useful instrument that enriches primary medical care's resources.

# Thirteen Patterns

Three constitutions, five types, five diathesis.

Let us start with the first three terms, which might generate perplexities: the three constitutions.

The founder of Iridology started from the iris' colors, named them constitutions and pointed out the disorders that most frequently affect each constitution.

*The three constitutions: hematogenic, lymphatic and biliary.*

*Dark iris*, hematogenic constitution, most frequently affected by anemia.

*Clear iris*, lymphatic constitution, most frequently affected by respiratory and rheumatic disorders.

*Intermediate iris*, also called biliary constitution, most frequently affected by liver and digestion disorders.

Such findings were the results of medical practice.

Dark irises are typical of Mediterranean populations who are more frequently affected by a type of anemia called thalassemia (sea anemia) or, more simply, Mediterranean anemia.

Clear irises are typical of northern populations more often affected by pathologies connected with a cold climate.

Finally, intermediate irises. Their association with digestive defects is a consequence of medical practice feedback.

Clearly, not all dark irises belong to anemic people nor clear ones to people affected by rheumatic conditions. The **color**, therefore, is not enough. To know the iris it is crucial to also know its **morphology** and the **changes** it undergoes caused by diseases, toxins and/or familiarity.

*Morphology (Types).* Five main variants have been identified. Compact with arcs and rays, thinned, localized thinning, stretched fibers and wavy fibers.

*Time's damages (diatheses).* Changes caused by aging, diseases, abuses, intoxications and hereditary diseases. Another five main variants.

Overall, there are thirteen variables (three constitutions, five morphologies, five diatheses) that can combine with each other thus supplying well-defined profiles.

This manual is devoted to the basics of iridology: three constitutions, five types (morphologies) and five diatheses.

# Knowing the Iris

## (THIRTEEN VARIABLES)

The iris color, its fibers arrangement, its saturations and the changes undergone over time are the fields of iridological investigation.
The German School's classification used by W. Hauser, j. Karl, R. Stolz, is the objective and repeatable method used in these pages.
The German school describes the iris using three major categories named:

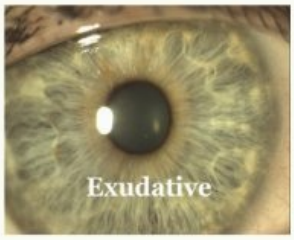
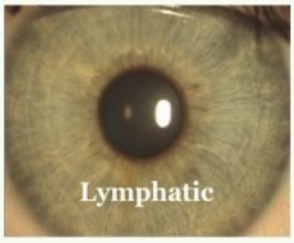
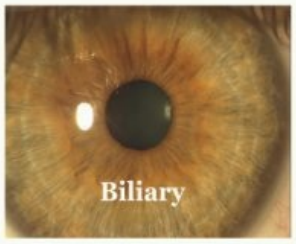
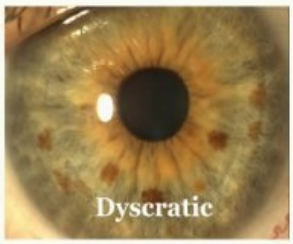
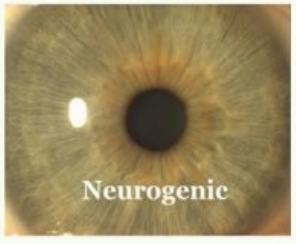
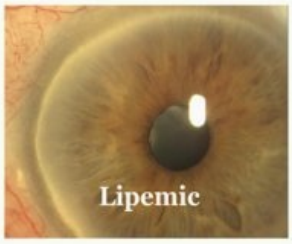
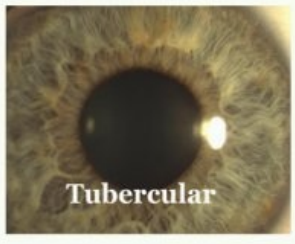
*constitutions*

*types*

*diatheses*

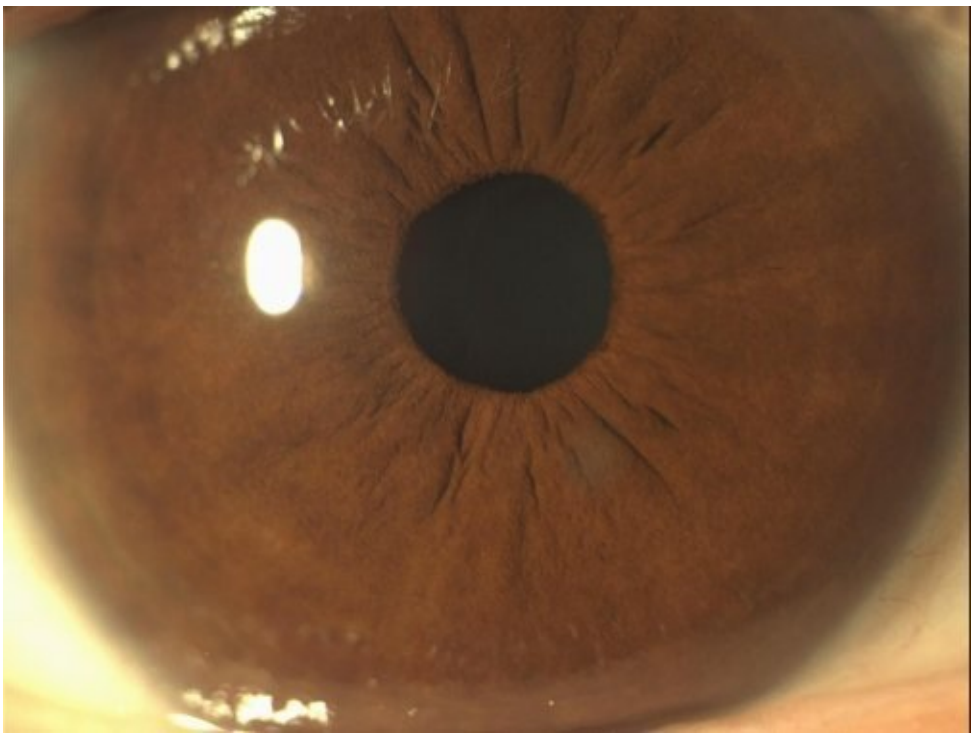
The three constitutions, as seen in the previous section, refer to the color of the iris. Types refer to the structure (morphology). The diatheses refer to alterations, which can be inherited, or be the result of various aging factors (diseases, toxics, abuses, senescence).
Three constitutions. Five typologies. Five diatheses.
A total of thirteen variables that occur in various combinations.
In the next pages, the morphologies of the five typologies and the five diatheses will be described.

# IRIS PATTERNS

| Three constitutions | Five types | Five diathesys |
| --- | --- | --- |
| Hematogenic | Spasmodic |  Exudative |
|  Lymphatic | Glandular | Uric |
|  Biliary | Connectival |  Dyscratic |
| |  Neurogenic |  Lipemic |
| |  Tubercular | Allergic |

# Constitutions

# Dark iris



**Hematogenic.** The iris gets sick slowly and heals slowly. The iris color ranges from light to dark brown. The abundance of pigment and its compact structure give this iris a uniform and velvety aspect, which hides the stroma's fibers.

The very compact structure is a sign of resistance to diseases. Individuals with this iris are strong. People with dark iris tend to oppose barriers to illnesses. Even with respect to environmental toxins or abuses, they show a high resistance threshold. Symptoms are disguised and show up slowly. Disorders tend to become chronic.

In the hematogenic constitution the damages caused by diseases and toxins become evident only after having tackled the body for a long time. Diseases appear after a long latency so that, when they finally manifest, the response to treatment is quite slow.

Variations in pigmentation intensity in the hematogenic iris acquire relevance. Light areas: inflammation. Dark areas: chronicity.

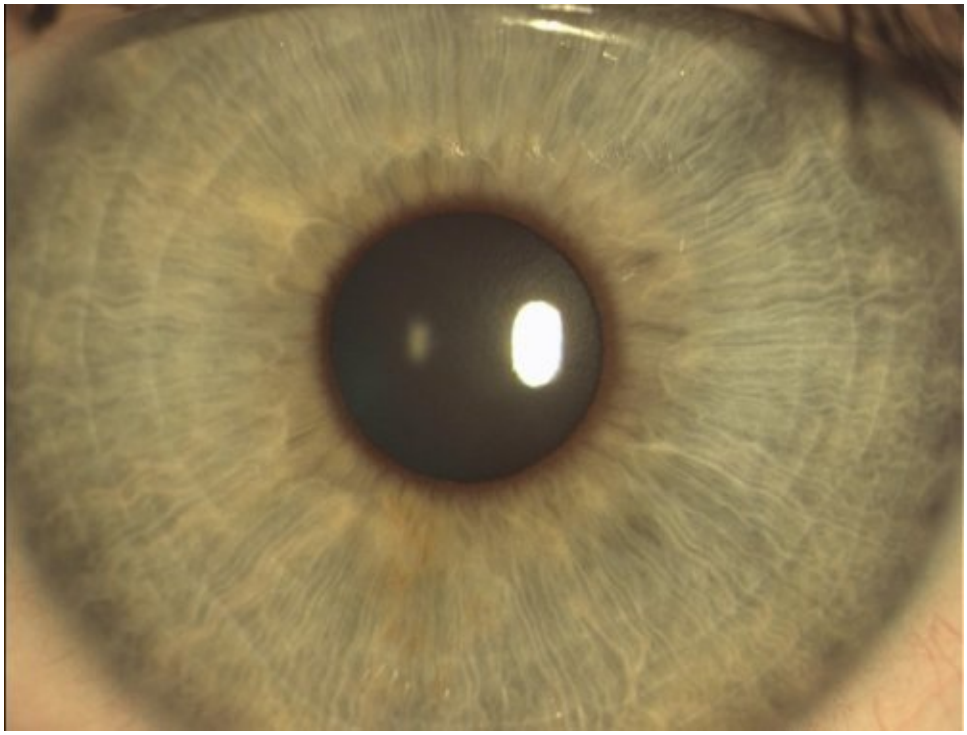
**Predispositions:** subacute deseases with degenerative evolution, accumulation of toxins (liver insufficiency, gallstones, kidney stones) metabolic deseases (gout, hypertension, dyslipidemia), mineral deficiency, mediterranean anemia, obesity, scarce feverish activity.

## KEY NOTES

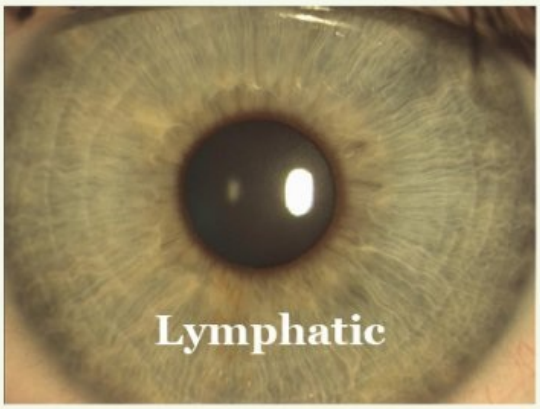
**Positive:** endurance, resistance to deseases.

**Negative:** deseases evolve into chronic stages.

# Clear Iris



**Lymphatic.** Light colors: light blue, green and gray. Fibers are very light, visible and separate. Fibrillary irises. Bright iris do not have a pigmentation of their own: their color derives from the reflections of the stroma's basal layer whose color is dark blue. Predisposition to respiratory diseases, rheumatic syndromes and allergies.
Reaction to diseases is fast and violent. In case of viral or bacterial infections, febrile reactions are intense with a rapid immune response. In the lymphatic constitution, acute episodes with rapid resolution are more frequent than chronic ones. The lymphatic constitution responds well to treatments even at low dosages.



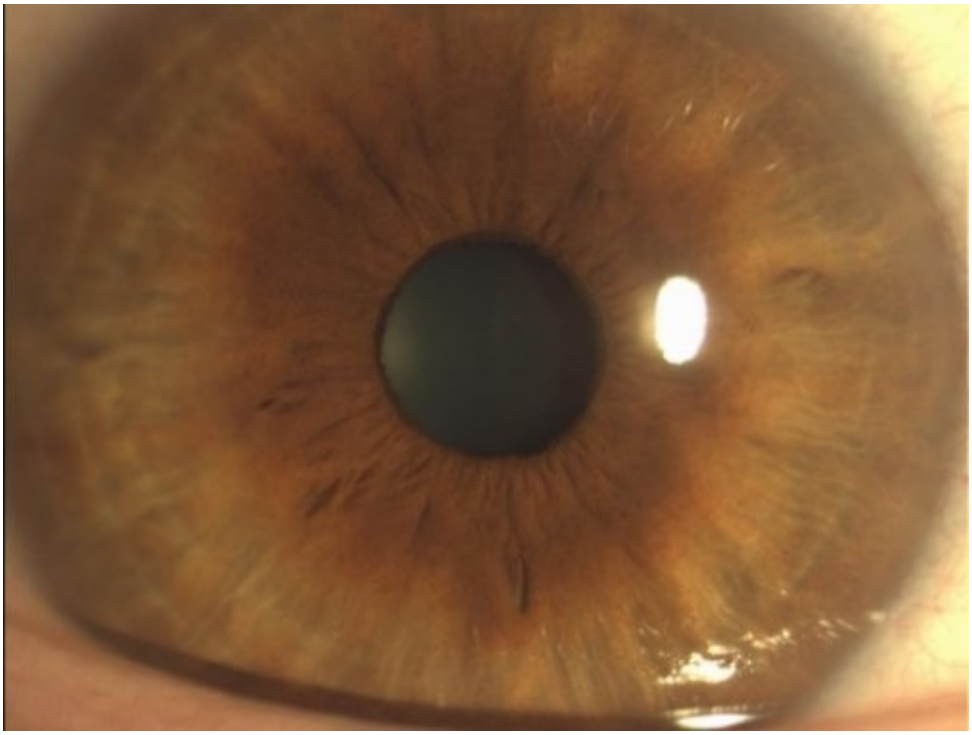

**Predispositions:** **tonsillitis, adenoiditis, reumatic syndromes, respiratory deseases, allergies, allergic asthma, urticaria, ocular rhinitis, skin deseases, food intolerances, irritable bowel syndrome, gastric or duodenal ulcer, swollen glands, high fever with violent symptoms and fast recovery.**

## KEY NOTES

**Positive:** **hight reactivity and fast recovery**

**Negative:** **acute and violent symptoms**

# Mixed iris-Biliary



**Biliary**. Brown color with darker collarette area (central heterochromia). It is an intermediate iris in which the hematogenic constitution's positive features (resistance to disease), and the lymphatic constitution's ones (reactivity) are summed up. The mixed or biliary constitution has a predisposition to digestive disorders derived from hepatic and biliary overload and alterations of intestinal bacterial flora. Disorders tend to become chronic with somatizations.

**Predispositions:** intestinal disbiosis, digestive enzymes deficiency, hepatic and biliary disorders, gastro-intestinal disorders, digestive immune disorders (intolerances, allergies), spastic disorders: colics, vascular spasms, convulsions.

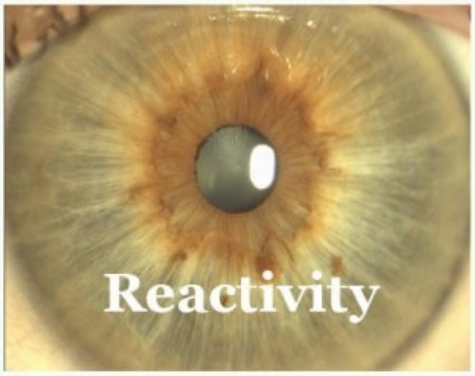
## KEY NOTES

**Positive:** good immune response

**Negative:** chronic evolution of intestinal disorders with somatisation

# Constitutions in brief

**Hematogenic.** High organic defences. Predisposition to chronic deseases.



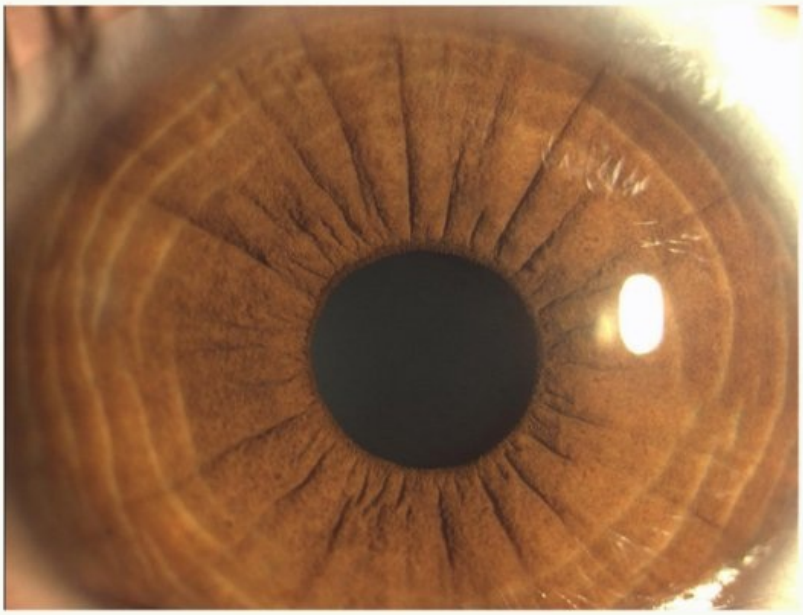

**Lymphatic.** Fast immunological responses. Acute deseases. Reumatic and allergic disorders

**Biliary.** Good immunological response. Disorders of digestive tract, liver and biliary ducts.

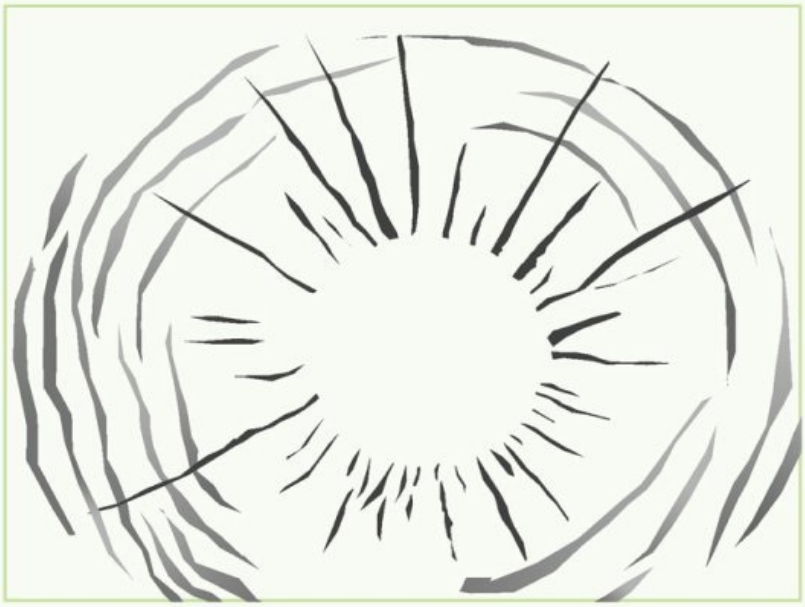
# Types (Morphologies)

# Five morphologies

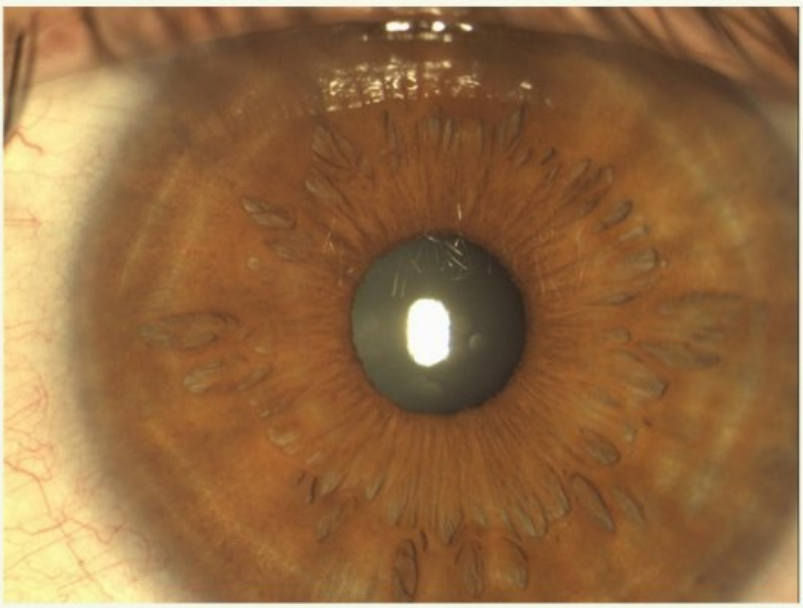
*Spasmodic.* The iris is characterized by circular concentric contraction furrows (contraction arcs), spread in the ciliary body, or by contraction rays, which radiate from the central areas to the outer ones and can cross over both the collarette and the ciliary body. Arcs and rays often appear together.
*Glandular.* The iris is characterized by lacunae in the iris surface scattered near the nerve wreath's outer border.
*Connectival.* The iris shows an extremely thinned out structure. Large gaps are found around the iris whose distribution can be similar to that of a flower's petals, in which case we talk about a *daisy-type* iris.
*Neurogenic.* Clear with thick, noticeable, very straight and stretched fibers.
*Tubercular.* Clear with noticeable and wavy fibers.



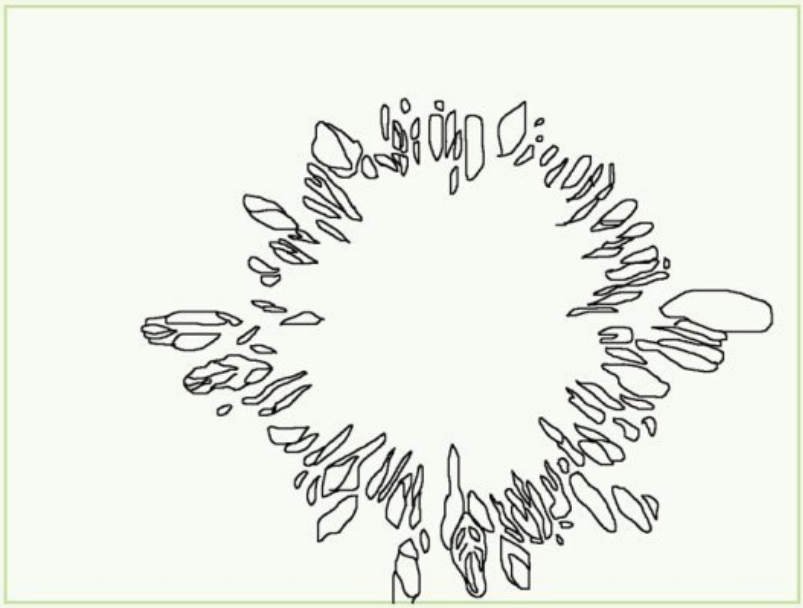
**Spasmodic**



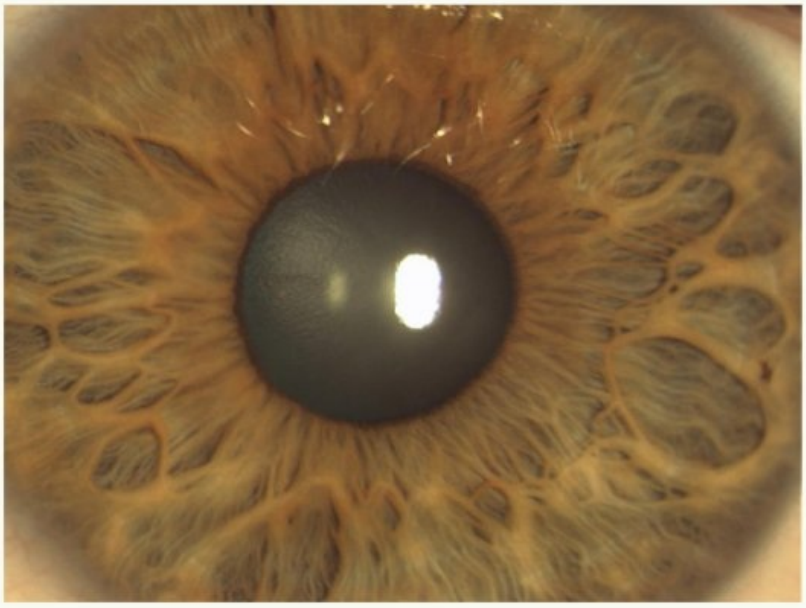
**Contraction rays and arcs**



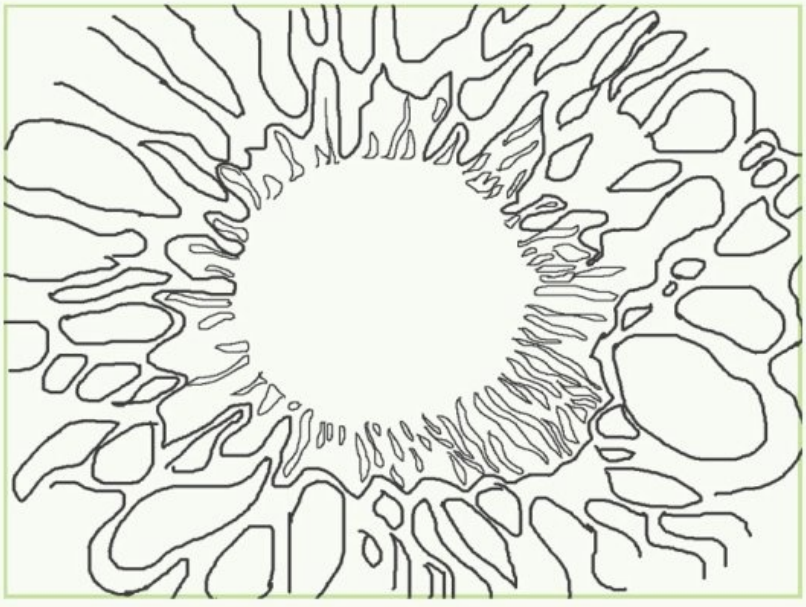
**Glandular**



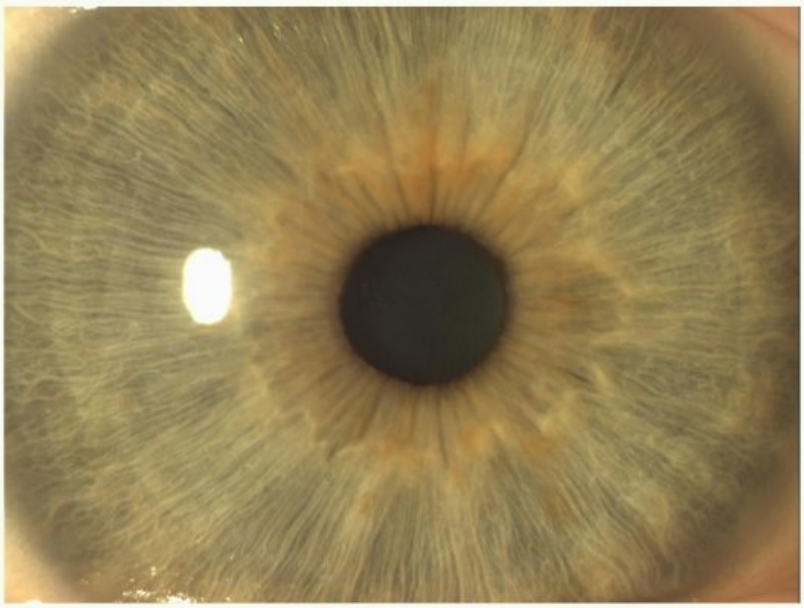
**Scattered lacunae near the autonomic nerve ring**



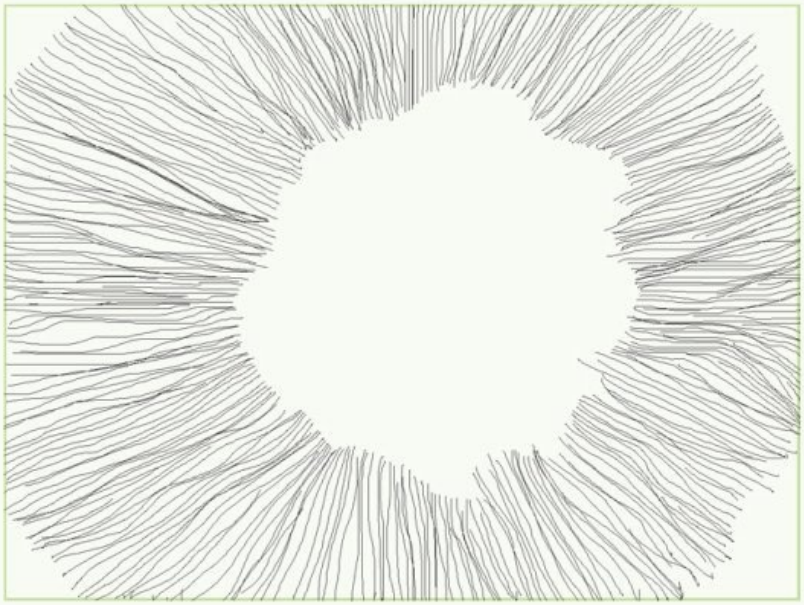
**Connectival**



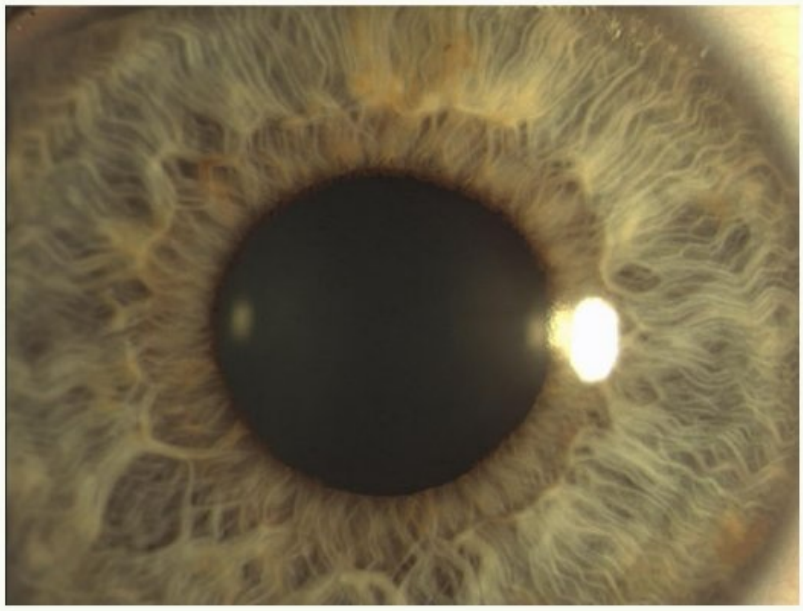
**Large gaps all around the iris**



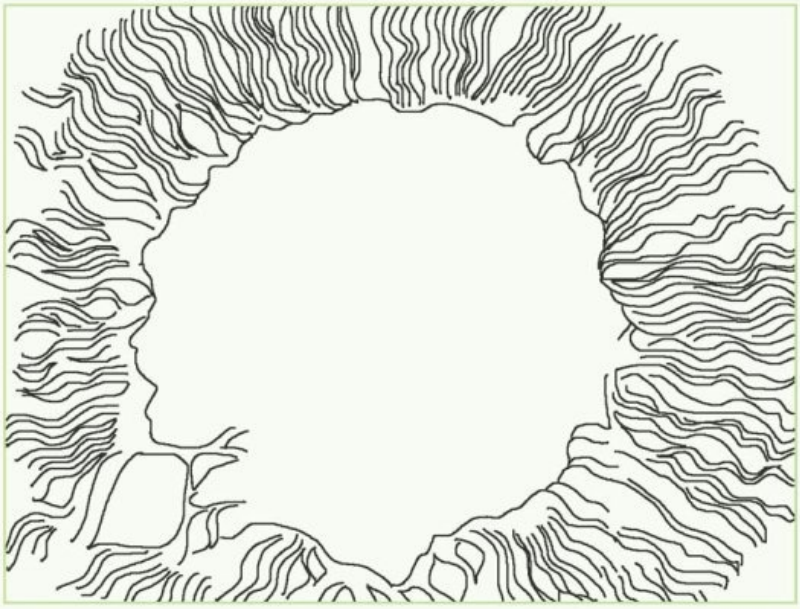
**Neurogenic**



**Thick, straight and stretched fibers**

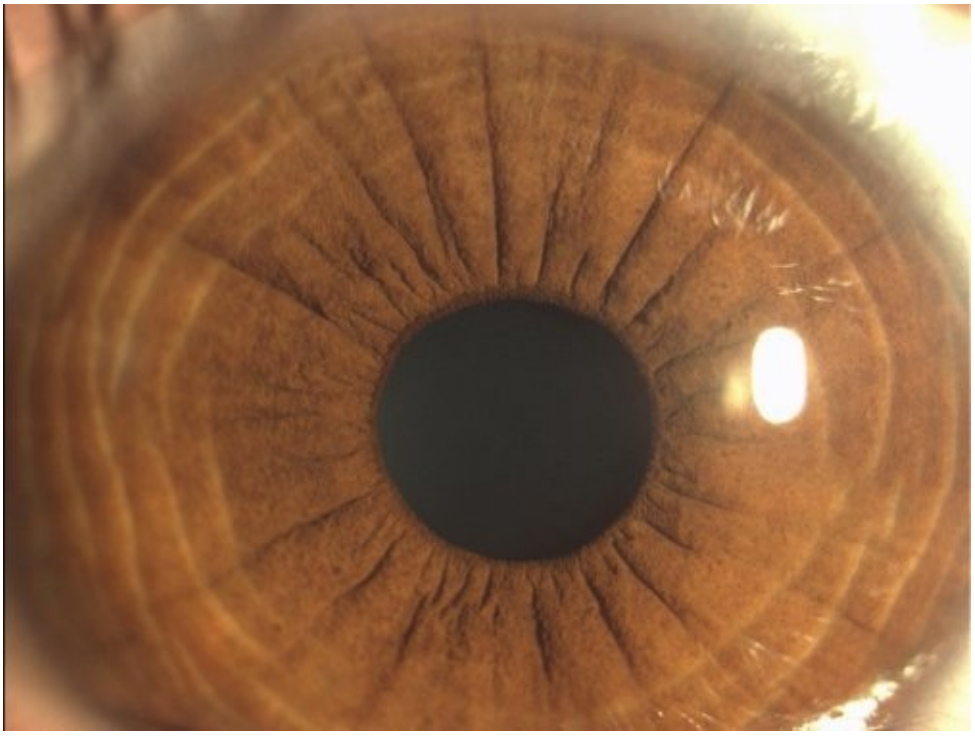


**Tubercular**

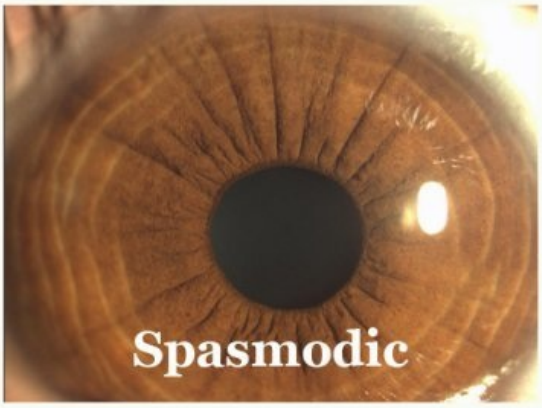


**Wavy fibers**

# Spasmodic



**Spasmodic**. Morphology: full or partial contraction rings (also called cramp arcs), contraction rays (also called solar rays or radial furrows) and shaded iris edge. Frequently found in brown irises. Neurovegetative vulnerability. Spasmophilia. Psychosomatic disorders. High reactivity to noise and light. Spasms, gastro-intestinal colics. Muscle cramps. Laryngospasm. Angina. Neuralgias. Character: control and rationality.



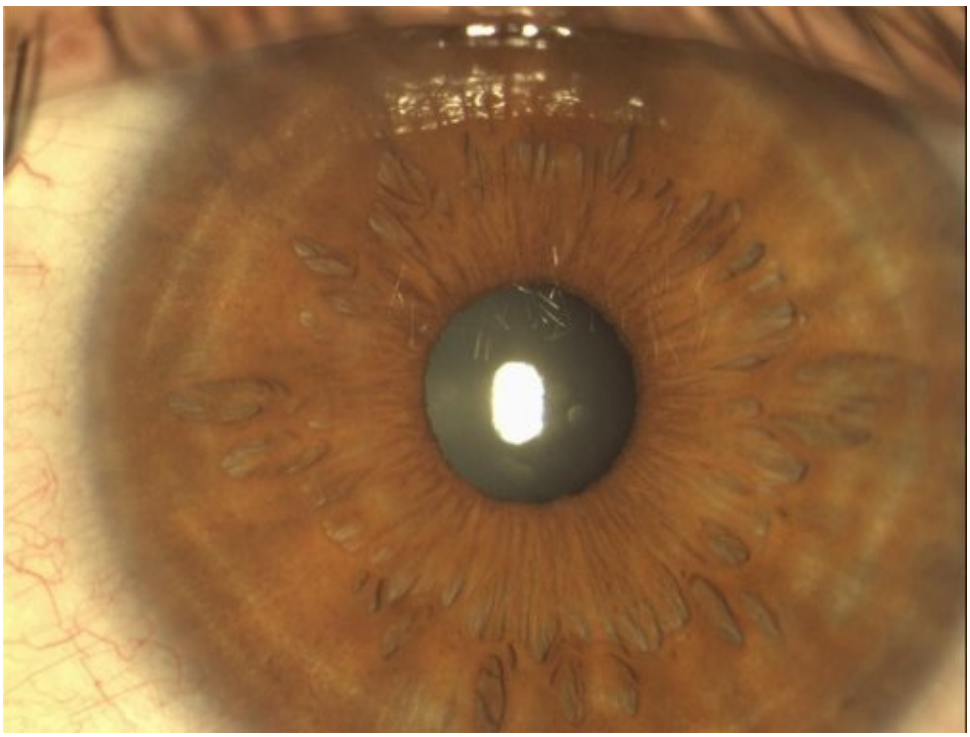

**Predispositions:** **somatization, spasmophilia, dehydration, electrolytic imbalances, imbalances in immune response (intollerance, allergies) parathyroid deseases, disorders in bile and liver metabolism, over-control**

## KEY NOTES

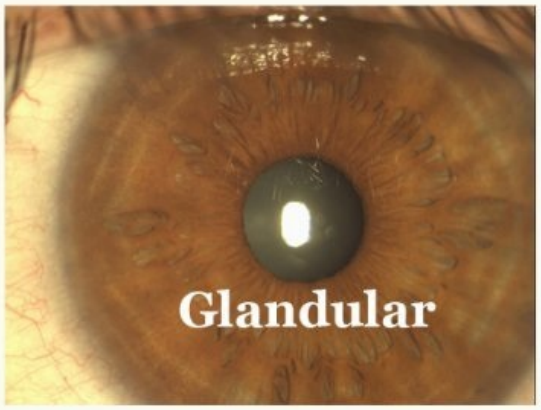
**Positive:** **control**

**Negative:** **over-control and somatisation**

# Glandular



**Glandular.** Morphology. Multiple small or medium-sized lacunae, arranged in a wreath-like distribution around the nerve ring. Not to be confused with giant lacunae of the daisy-like iris.
This type frequently shows highly varied and indefinite symptoms. Quite often asthenia and day / night rhythms' alterations are noticed (insomnia, daytime sleepiness).
Changeable mood. Tendency to asthenia. Endocrine imbalances.



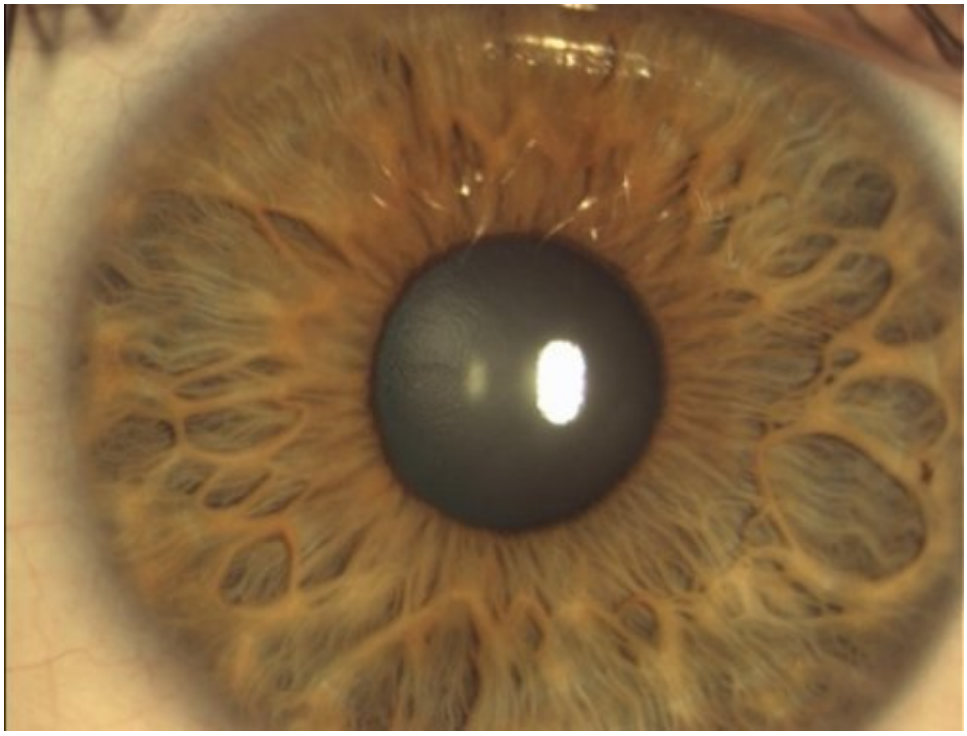

**Predispositions:** endocrine imbalances, pituitary defects, endocrine deseases, hyper-hypothyroidism, hyper-hypo adrenal responses, menstrual irregolarities, glucose intollerance.

## KEY NOTES

**Positive:** light pathologies

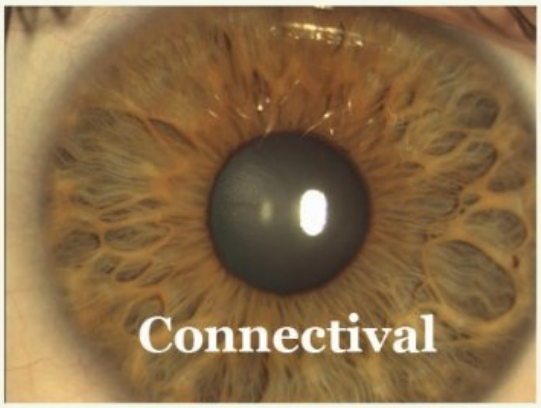
**Negative:** highly widespread tipe

# Connectival (mesenchymal)



**Connectival**. Morphology: thinned and loose structure, with medium to large lacunae that occupy the stroma of the collarette and ciliary body. Fibers are widely spaced almost showing the underlying layers. Predisposition to hernias, ptosis, varicose veins, muscular and ligament sprains, fractures. This type is often associated with a prevalence of the sympathetic nervous system that compensates organic weakness with its over activity. Character: open, receptive, friendly.

The variant called ***daisy-like iris*** also belongs to the connectival type and it is characterized by giant lacunae it is distributed like the petals of a flower. A predisposition to pancreatic diseases and diabetes is usually attributed to the daisy-like iris.



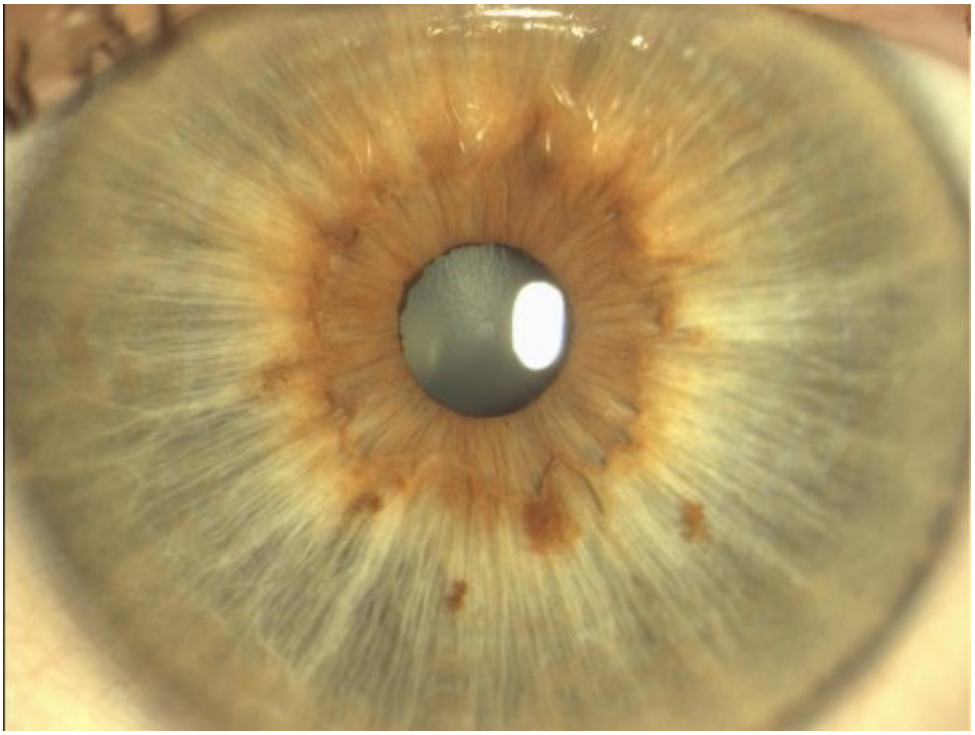

**Predispositions:** weakness of joints and ligaments (sprains, tearing), ptosis (uterine prolaps, hernias, renal ptosis), intestinal transit disorders (atony, dolicomegacolon), early aging, osteoporosis, vertebral and postural disorders (scoliosis, lordosis), edemas, pancreatic disorders, diabetes

**KEY NOTES**

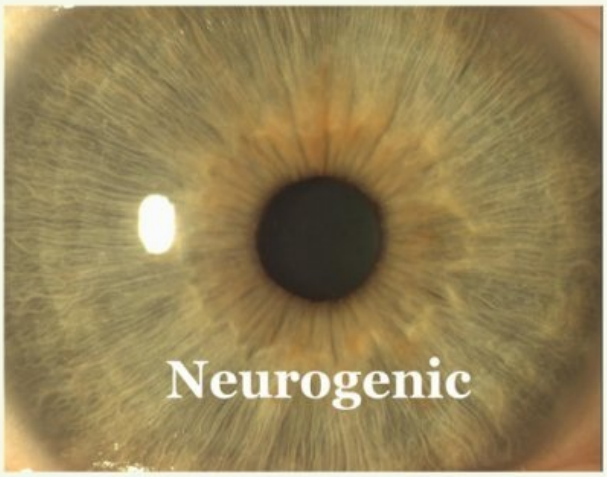
**Positive:** open and receptive character

**Negative:** poor endurance

# Neurogenic



**Neurogenic.** Morphology: fine and stretched stroma. Straight and stretched fibers of uniform size. The pupillary edge is frequently bright or reddish (neurasthenic ring). The neurogenic type is more common in clear irises (lymphatic). Stretched fibers are often associated with a constriction of the pupil, which indicates a prevalence of the parasympathetic nervous system. The neurogenic type is very reactive to therapies and responds well to treatments even at low dosages.
Character: reactivity associated with precision and control.



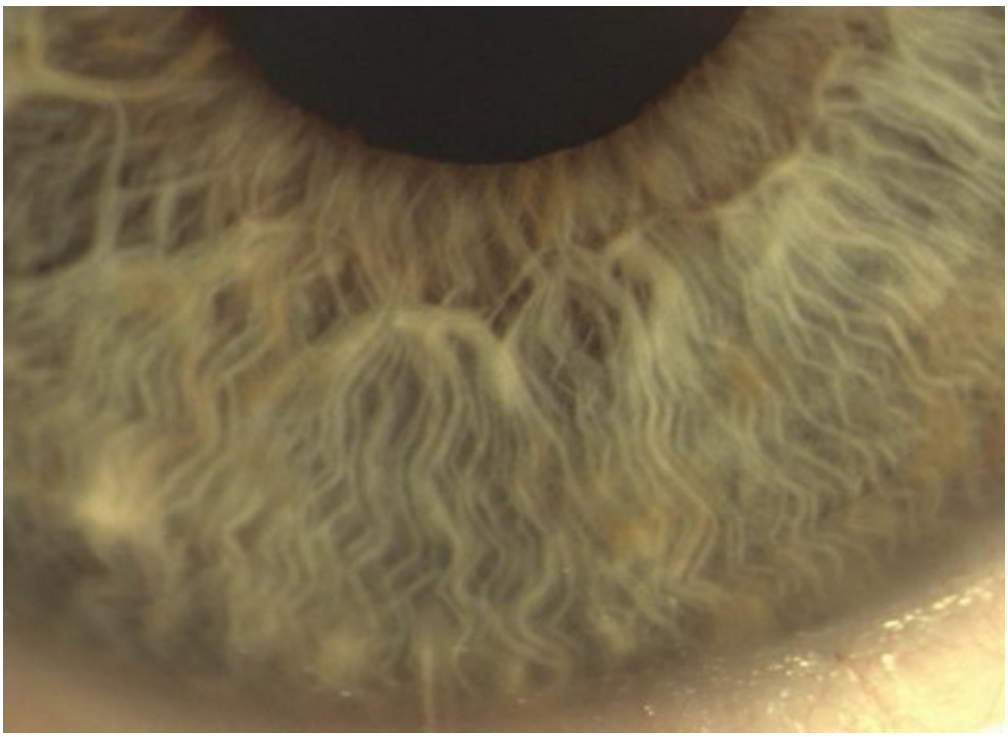

**Predispositions:** migraine, headhackes, neuralgias, insomnia, nervous breakdown, gastralgia (stomach pain), irritable bowel syndrome, high emotional and nervous reactivity

## KEY NOTES

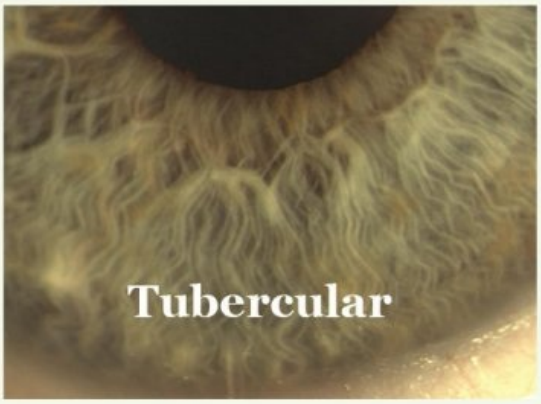
**Positive:** high performances, unpredictable, high creative energy

**Negative:** sudden break down, out of schedule

# Tubercular



**Tubercular**. Morphology. Very wavy fibers described as *combed-hair like*. Pupils are often dilated and the nerve ring appears hypertrophic. The collarette area is reduced and the nerve wreath's convexity tends to brush the pupillary edge. There is a prevalence of the sympathetic nervous system. Adrenaline-driven, they burn energy and are exposed to high performances and sudden breakdown. Pulmonary, renal and articular infections. Character: unpredictable, out of schedule, high creative energy and sudden breakdown.



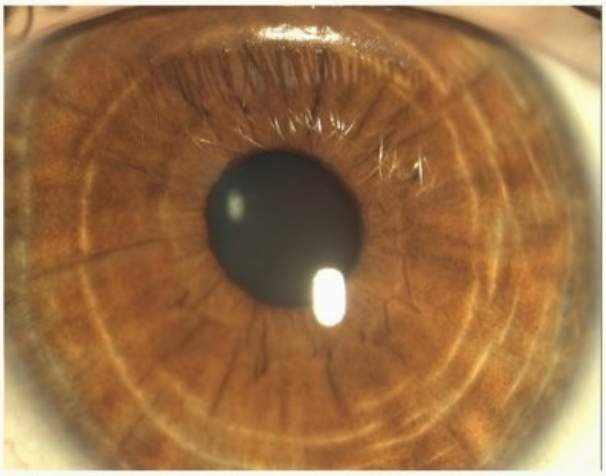

**Predispositions:** high performances with sudden breakdown, bipolarism, infectious deseases (pulmonary, renal, articular), respiratory and dermatological allergies, mucous overproduction (sinusitis, otitis, laryngotracheitis)

## KEY NOTES

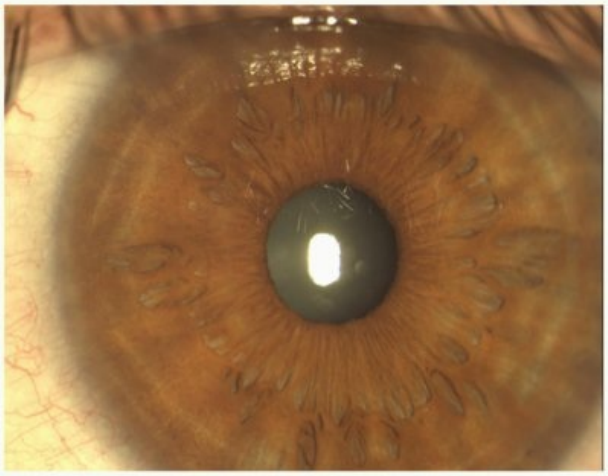
**Positive:** high performances, unpredictable, high creative energy

**Negative:** sudden break down, out of schedule

# TYPES (MORFOLOGIES) IN BRIEF

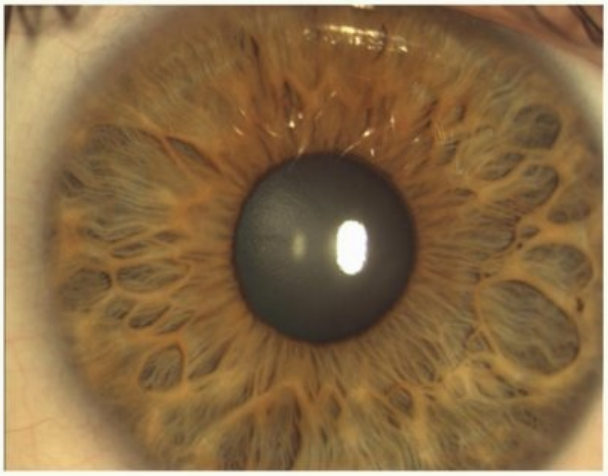


**Spasmodic**
**Spasms, cramps, somatization.**
**Rationality.**

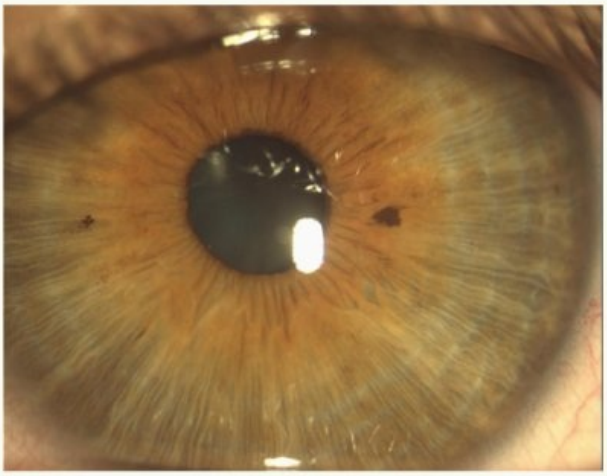


**Glandular**
**Endocrine imbalances.**
**Functional disorders.**

# TYPES (MORFOLOGIES) IN BRIEF



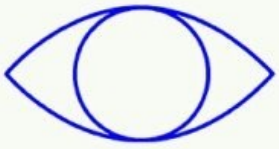
**Connectival**
**Weak physical structure (hernias, ptosis).**
**Diabetes. Open and receptive caracter.**



**Neurogenic**
**Reactivity and smartness.**
**Headhakes.**

# TYPES (MORFOLOGIES) IN BRIEF

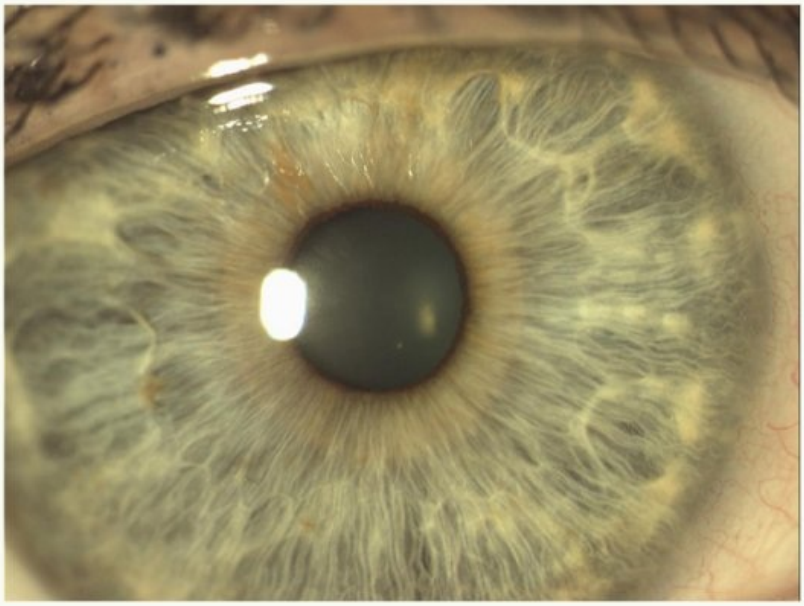
**Tubercular.**
**High creative energy. Bipolarity.**
**Nervous breakdown. Pulmunary,**
**renal and articular deseases.**



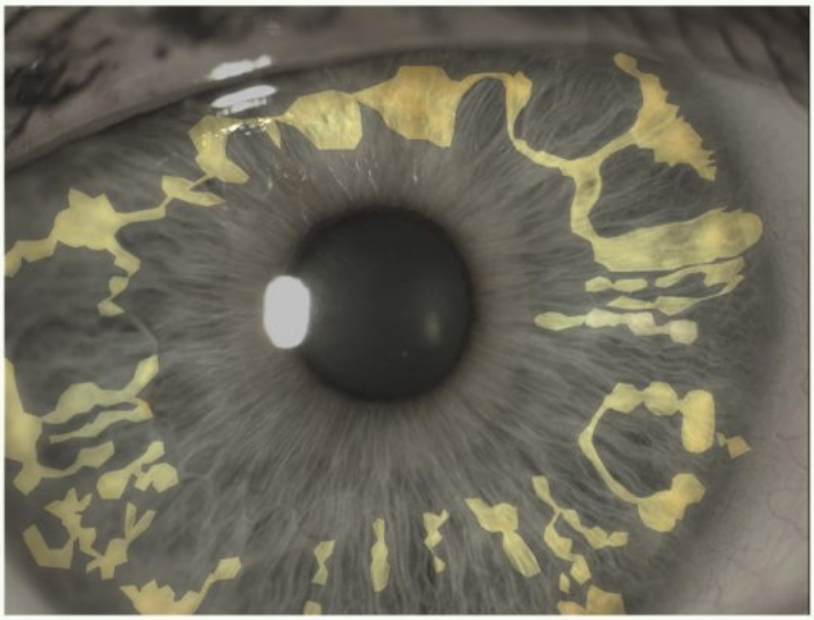
# Diathesis

The damage of Time

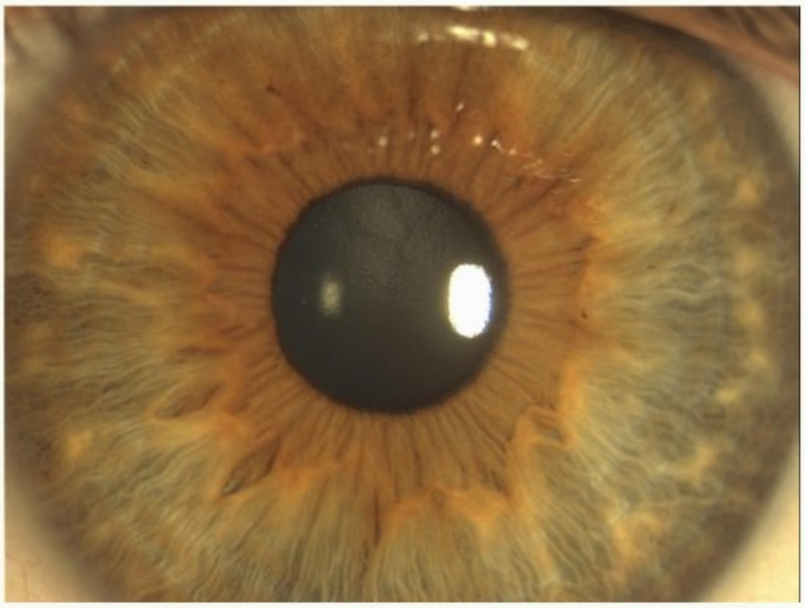
In iridology, the term used to indicate the toxic deposit in the iris due to hereditary factors or to chronic life's damages (illnesses, abuses, senescence), is diathesis. The term diathesis, widely used in nineteenth-century medicine, indicates a predisposition to diseases due to causes that have damaged the body over time. There are five diatheses:
*exudative*
*uric*
*cholesterinic*
*dyscratic*
*allergic*
Diathesis. It is a decay of the iris resulting from heredity, family diseases, chronic diseases, deficiencies of excretory organs (liver, kidneys, skin and lungs), abuses and aging.
Exudative. Also called hydrogenoid. It is characterized by cotton-like, dust-ball-like whitish pigments called tophi, which saturate the outer band of the ciliary body in a chain-like distribution.
Uric. It is a worsening of the exudative diathesis. The color of tophi changes into yellow. Tophi tend to amalgamate and to form cloud-like concretions. In advanced stages, the entire ciliary body is affected by the phenomenon.
Dyscratic. It shows sediments of toxic metabolites. Various pigments of different colors (yellow, orange, brick-red, dark brown) saturate the iris sometimes forming detected plaques.
Lipemic or cholesterinic. It shows a milky ring on the ciliary margin. Also called gerontoxon, lipid ring, cholesterinic ring, arcus senilis and lipemic ring. In the early stages, when it is still transparent, it is called sodium ring.
Allergic diathesis. It shows a dense network of reddened capillaries in the sclera headed towards the iris lateral areas (at 09:00 and 03:00 o'clock).
Absence of diathesic decay. In healthy people with no medical familiarity, the iris is not damaged by diathesic toxic metabolites. In this case, the iris evaluation must record the absence of any diathesic decay.



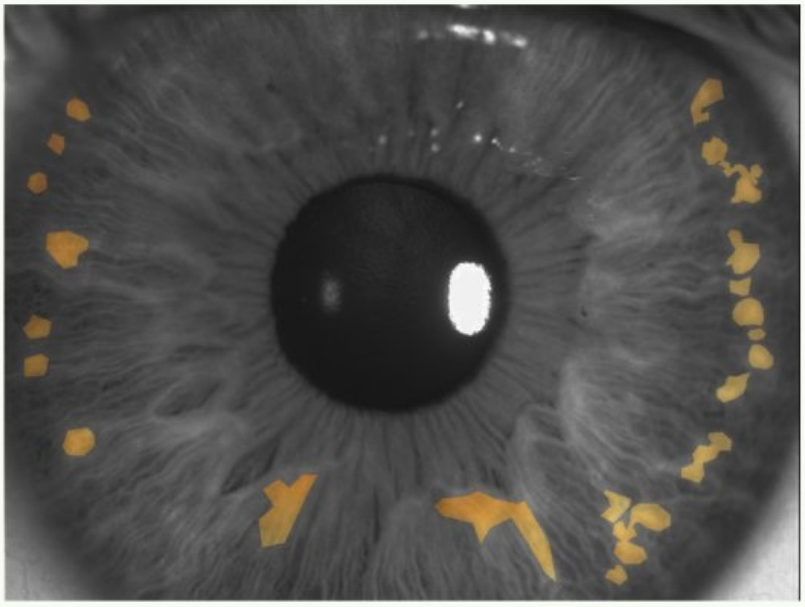
**Exudative**



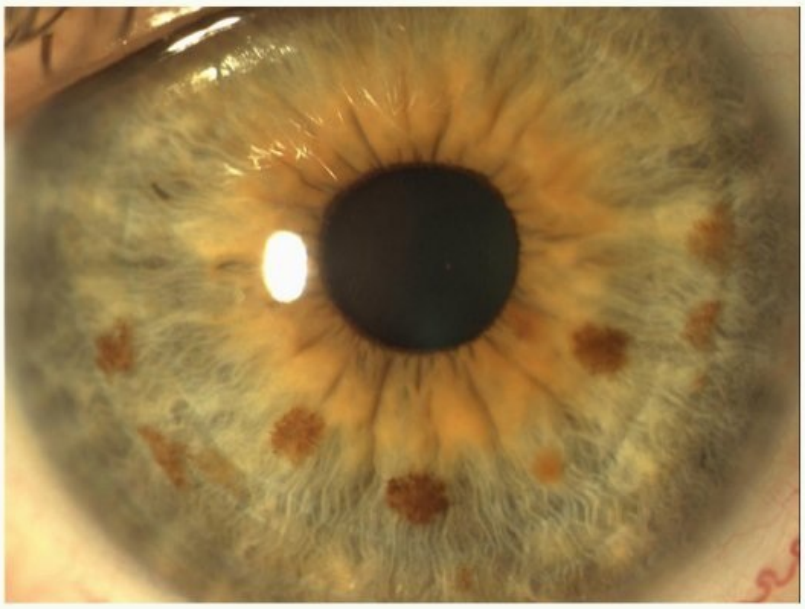
**White cotton-like whitish pigments (tophi)**



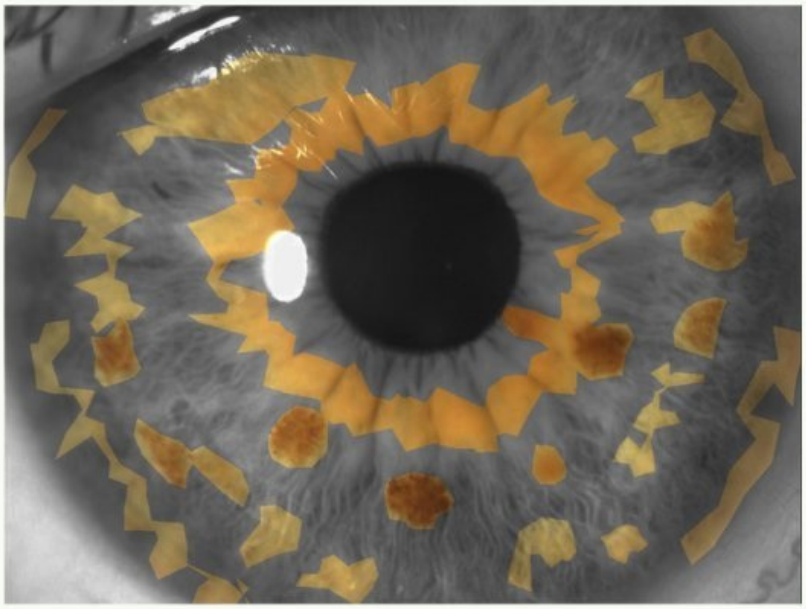
**Uric**



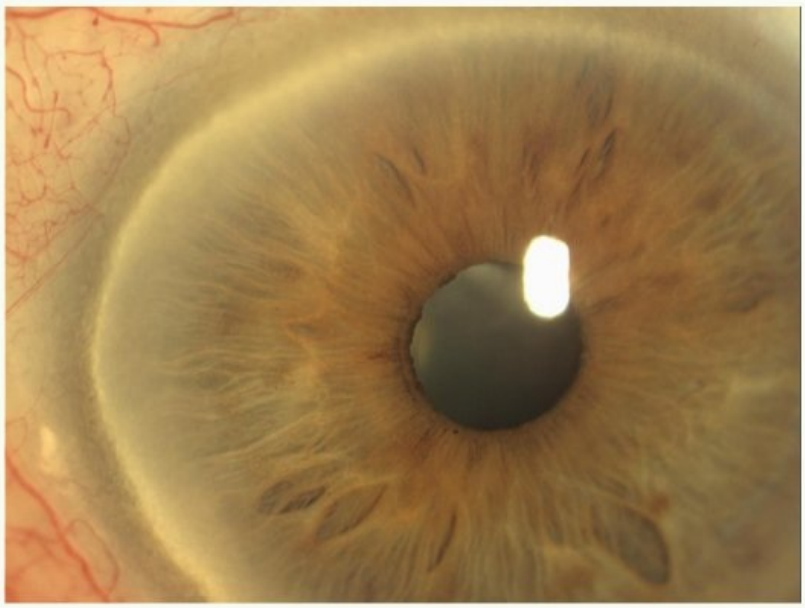
**Yellow tophi**



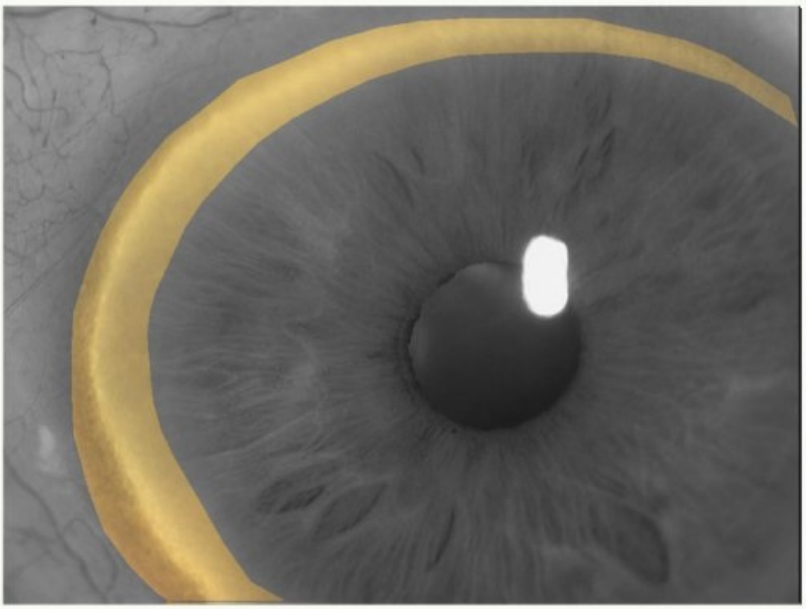
**Dyscratic**



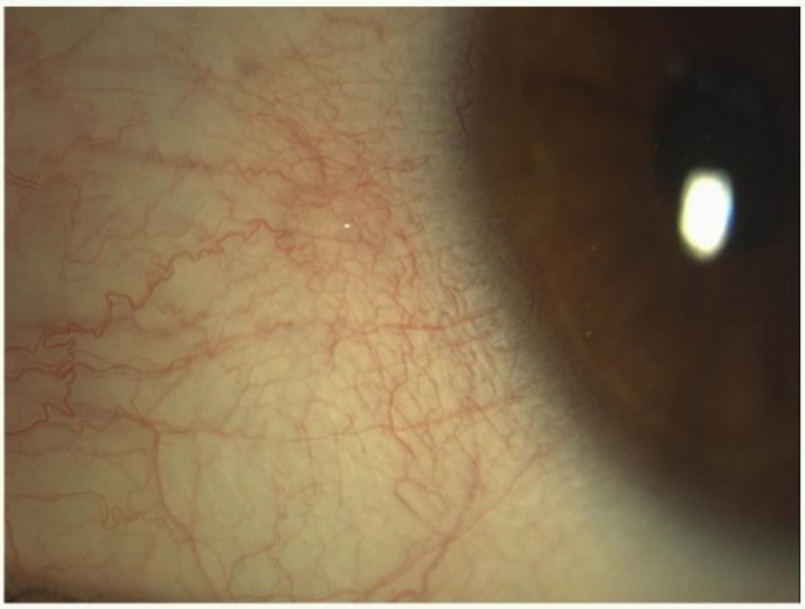
**Pigments of different colors**



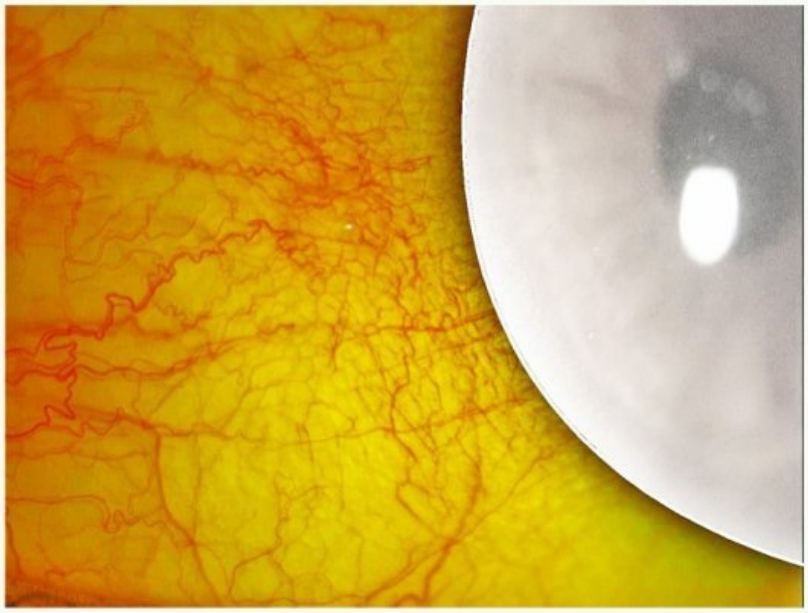
**Lipemic**



**Calcified cholesterinic ring**

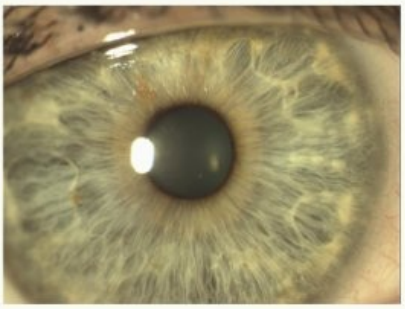


**Allergic**

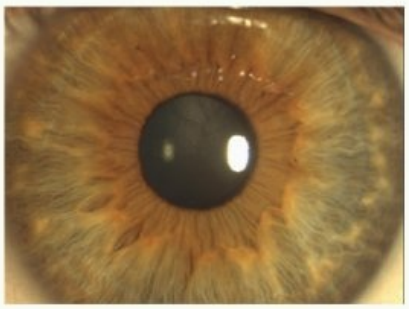


**Network of reddened capillaries in the sclera**

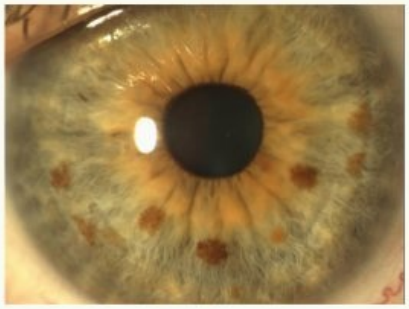
# FIVE DIATHESIS



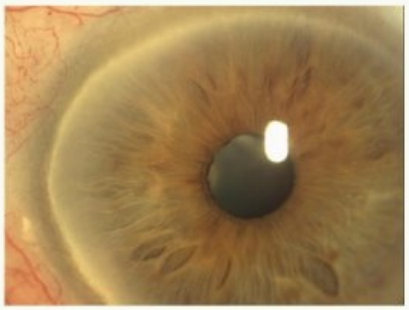
**Exudative**



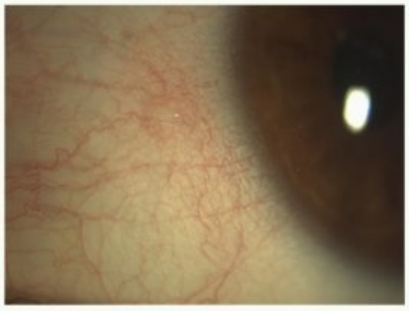
**Uric**



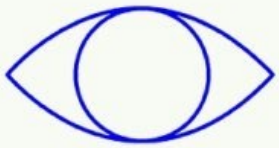
**Discrasic**



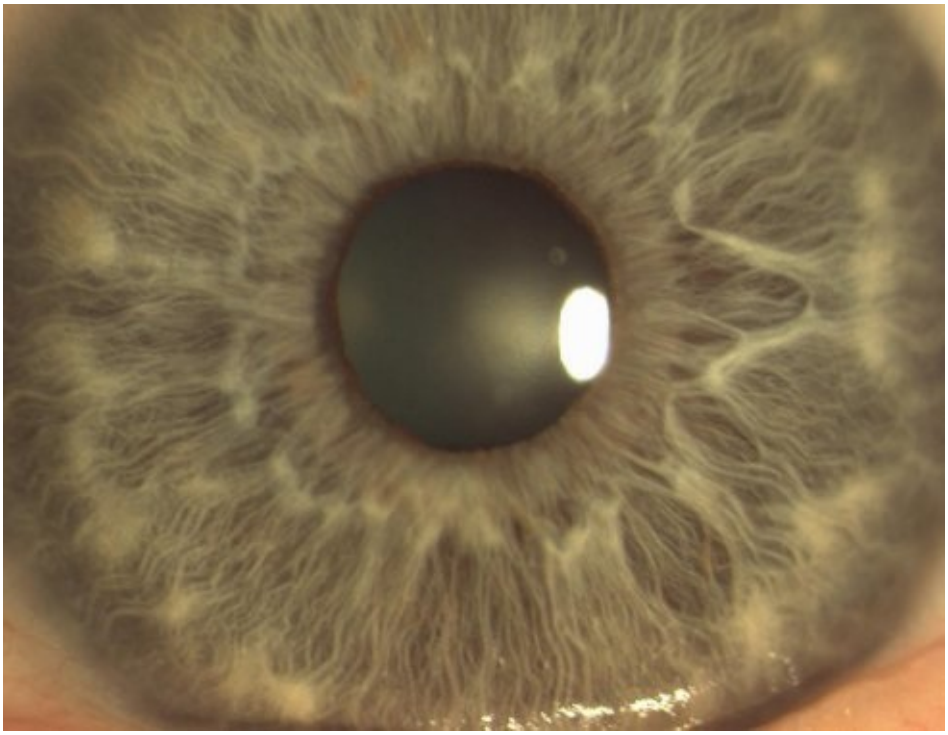
**Cholesterinic (Lipemic)**



**Allergic**

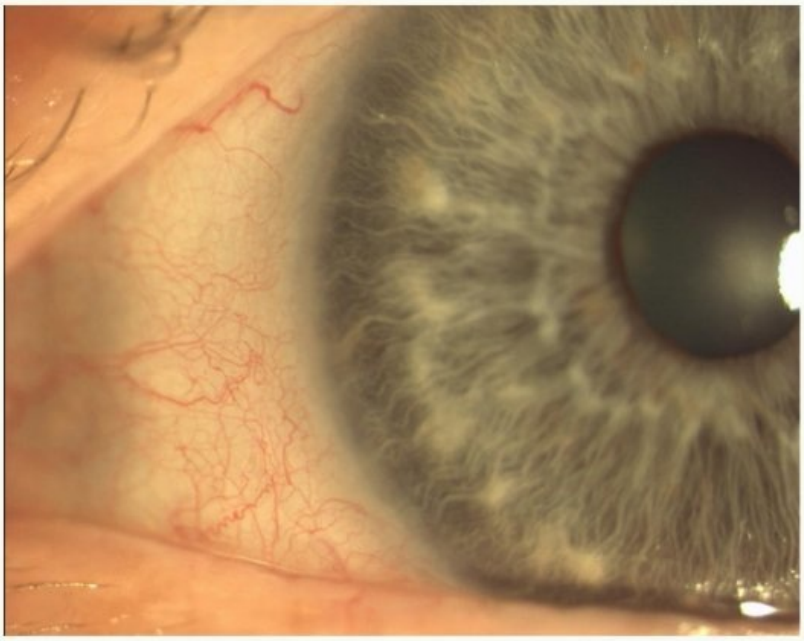


# Exudative Diathesis



Also called, Hydrogenoid Diathesis. Morphology: whitish thickenings similar to cotton flakes (**tophi**), distributed in the proximity of the ciliary body's outer edge.

# EXUDATIVE

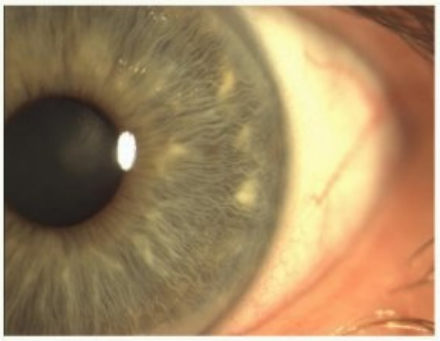


**Predispositions:** **tonsillitis, adenoiditis, bronchitis, sinusitis, otitis, allergies: asthma, urticaria, food allergies and intolerances, rheumatisms, ulcerative colitis, Crohn's desease, celiac desease, diarrea.**

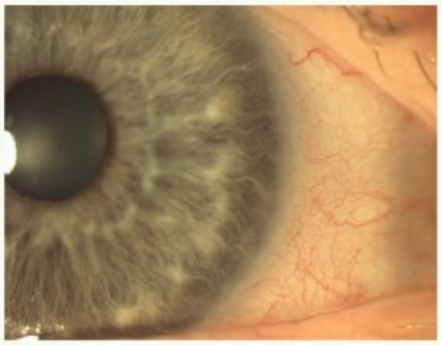
# Evolution of exudative diathesis

The exudative diathesis discloses a latent reactive inflammatory condition, which can remain hidden for a long time.
When tophi are distributed in a circular fashion in the outer portion of the iris, they form the so-called lymphatic rosary, which underlines stagnation and inflammation of the lymphatic system.
A further index of damage appears when tophi converge inwards and align or when they thicken to form cloud-like deposits.
Uric and dyscratic diathesis are the later worsening levels.

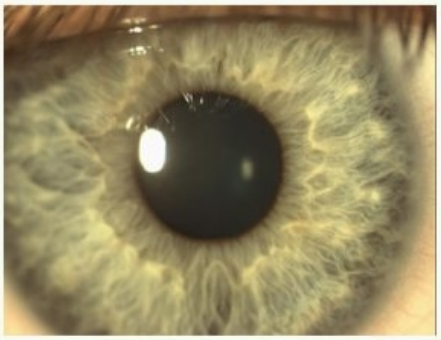
# WORSENING STAGES OF EXUDATIVE DIATHESIS



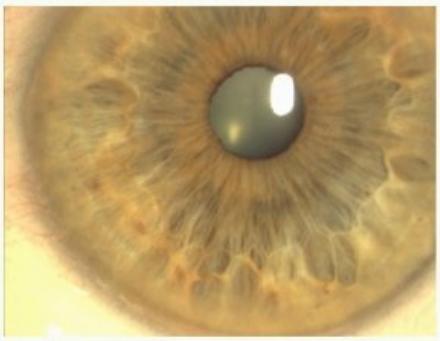
**Tophi**



**Lymphatic rosary**

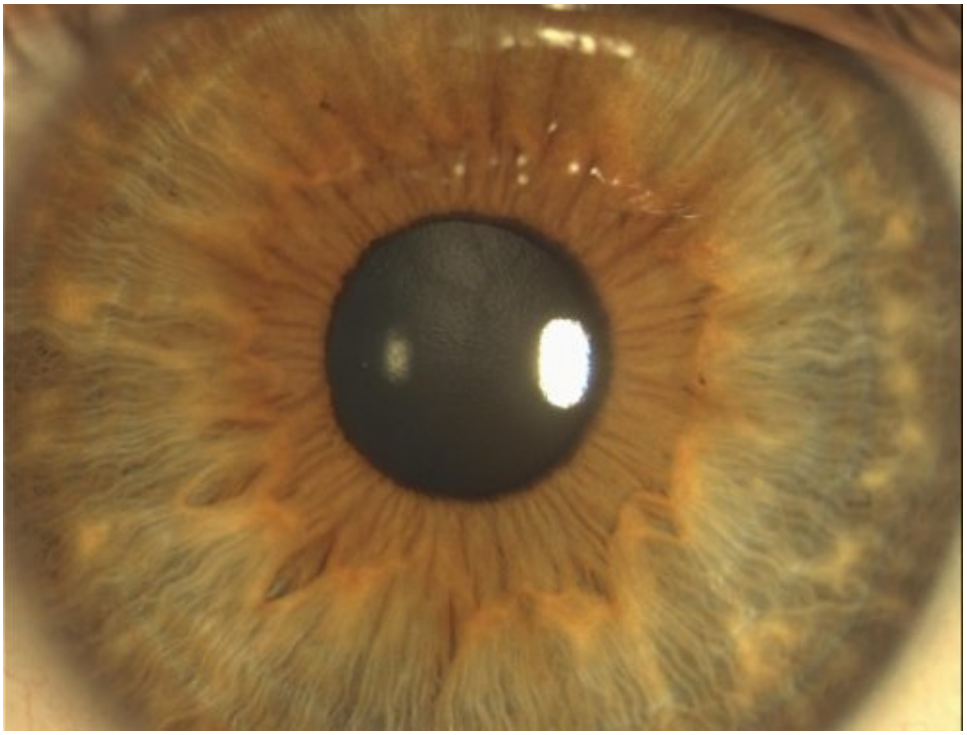


**Cloud-like deposits**



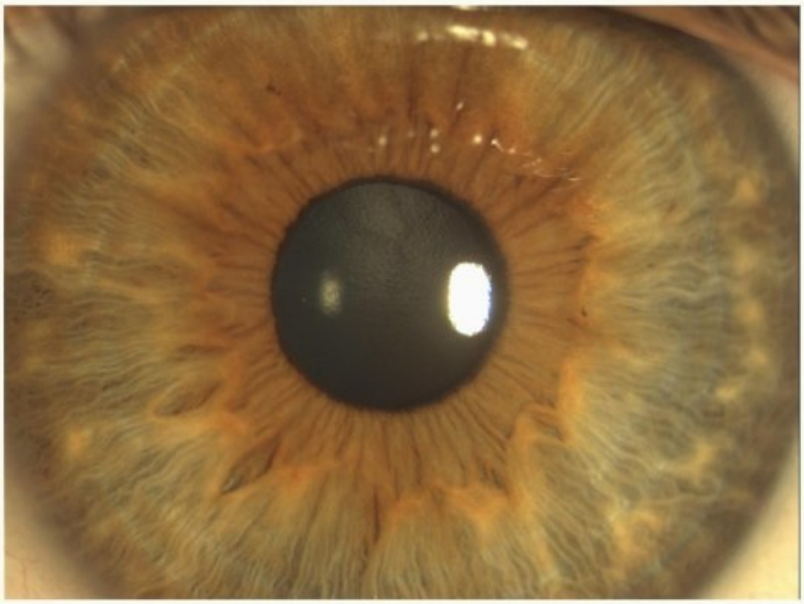
**Pigmented clouds**

# Uric Diathesis



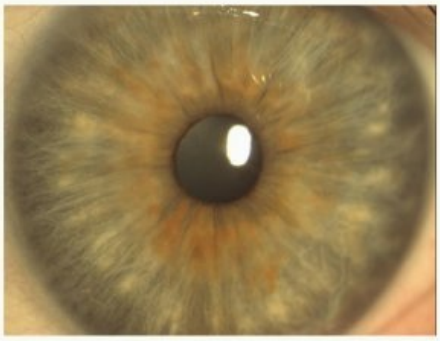
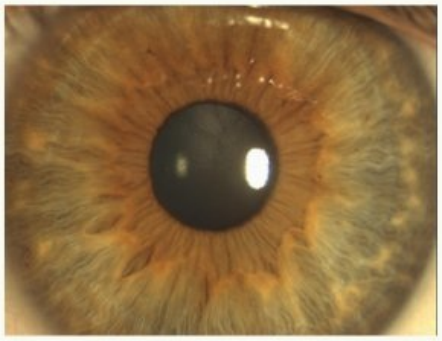
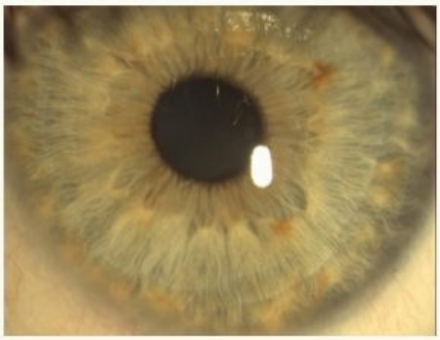
Morphology: worsening of exudative diathesis. The pigmentation of tophi changes to yellow and they tend to increase in volume and merge. Yellowish or yellow-brownish deposits in the outer edges of the iris. They can spread and saturate most part of the ciliary body.

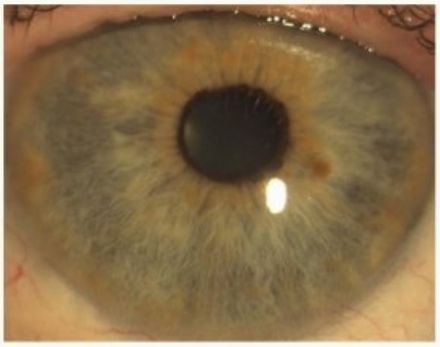
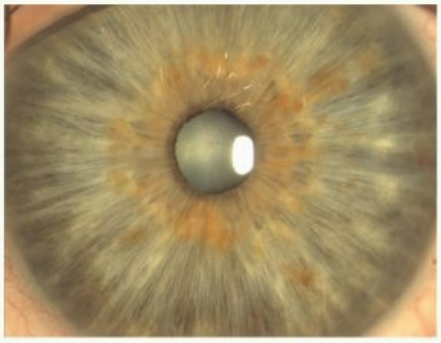
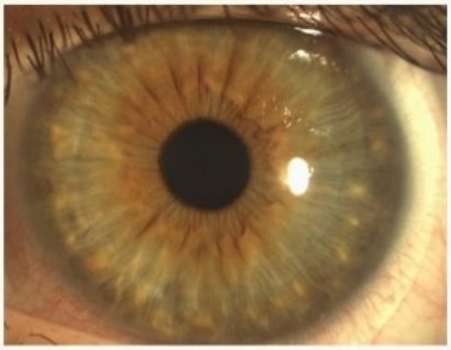
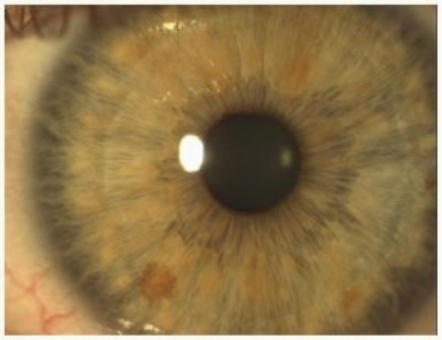
# URIC



**Predispositions:** **arthritis, gout,**
**rheumatism,**
**lithiasis (urates, oxalates),**
**rheumatic myocarditis,**
**arterial ipertension,**
**metabolic syndrome.**

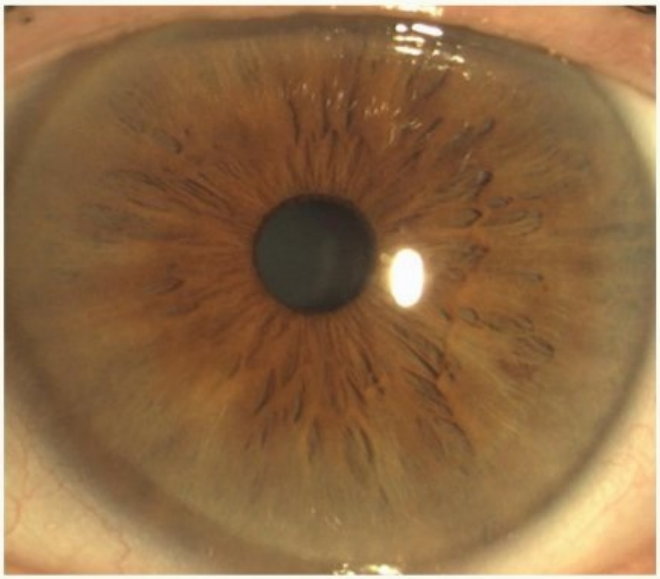
# URIC DIATHESIS IMAGING

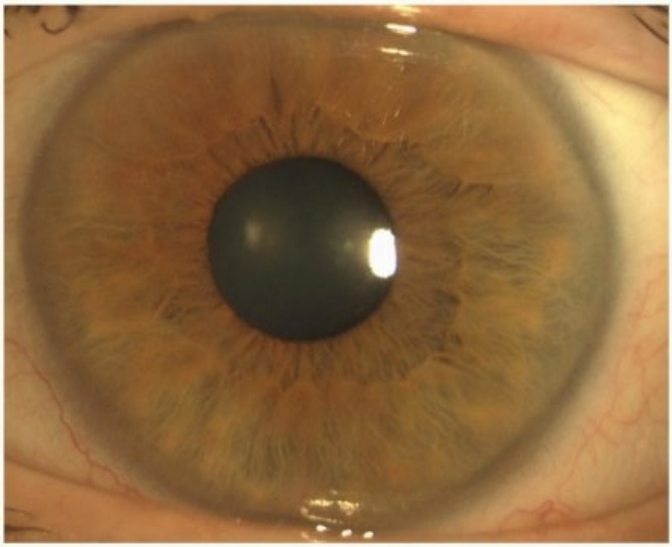




An overlapping of uric diathesis on cholesterinic diathesis happens quite frequently and it reveals a predisposition to metabolic syndrome (arteriosclerosis, diabetes, gout, dyslipidemia). When the yellowish plaques converge and stratify in most part of the ciliary body, the uric acid diathesis turns into the dyscratic diathesis.

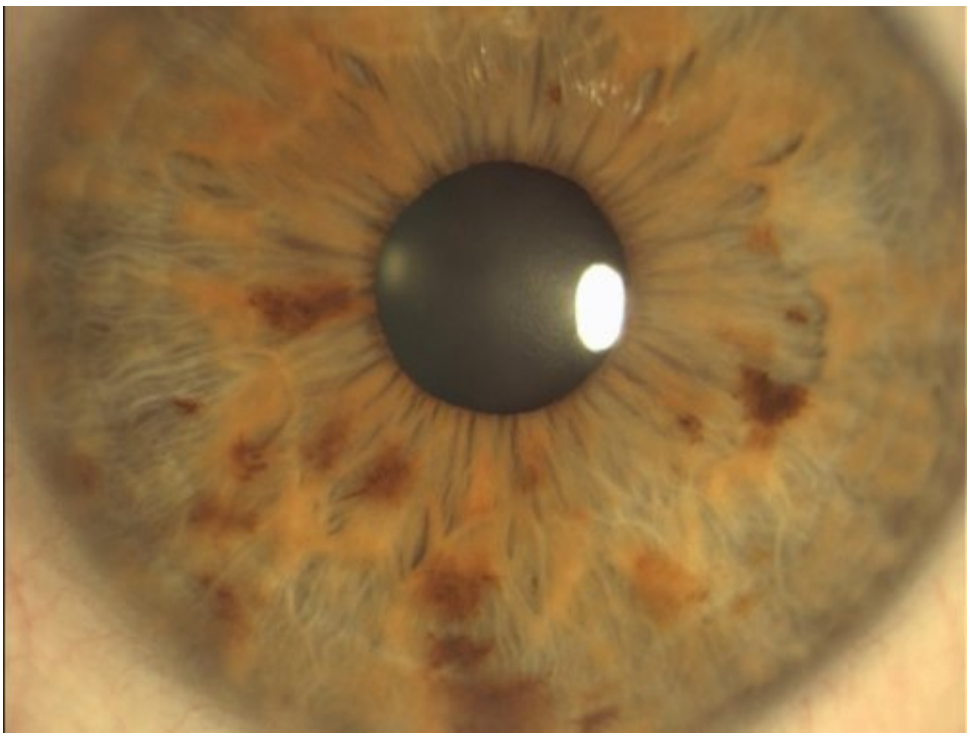
# EARLY LIPEMIC RING AND URIC PIGMENTS





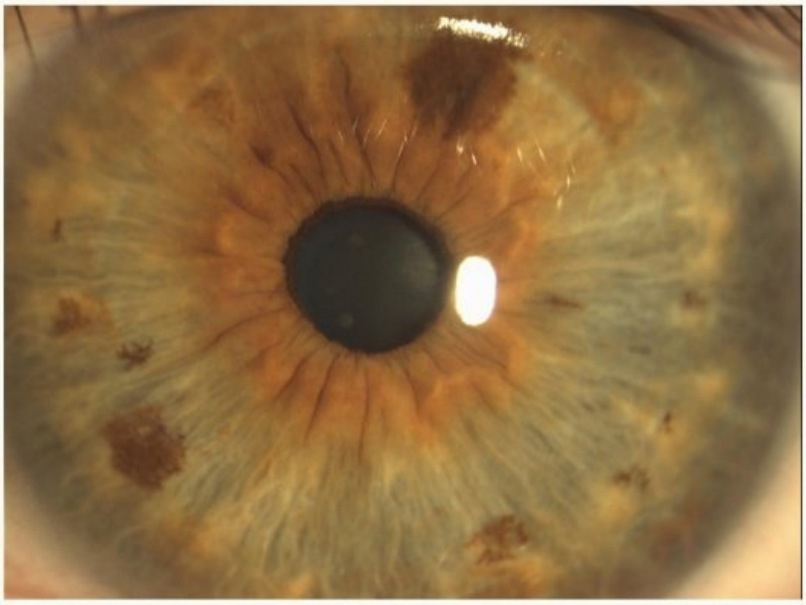
**Predisposition:** metabolic syndrome, gout, diabetes, dyslipidemia, hypertension, arteriosclerosis.

# Dyscratic Diathesis



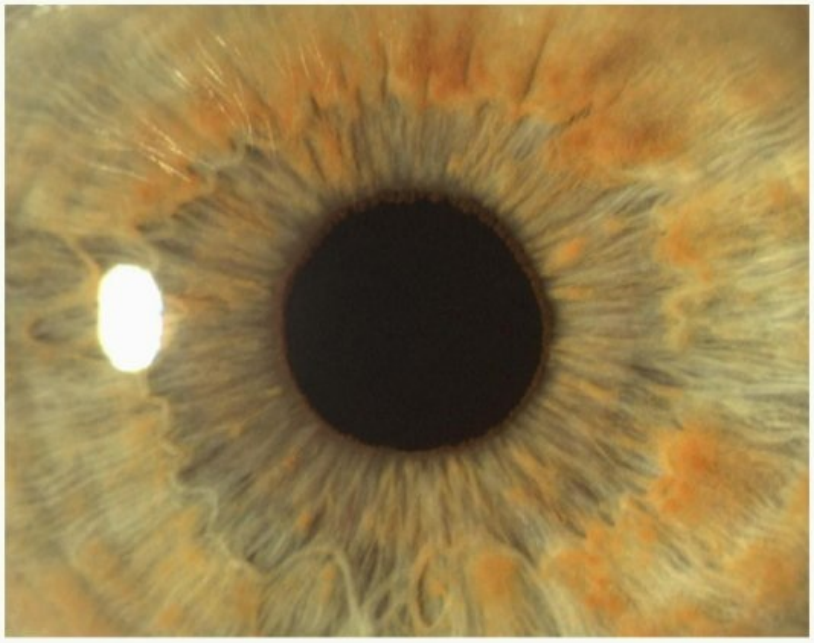
Morphology: plaques and great spots, which saturate the entire iris with various pigments.
Characteristics: toxins overload. Autointoxication. Blood, lymph and the connective tissue are saturated with toxic metabolites. Overload of the excretory organs.
For each pigment, impregnation there is a corresponding suffering organ. Yellow: kidney; orange: pancreas; brown: liver and gallbladder; dark brown: lung, breast and ovaries.
Pigments in dyscratic diathesis are the outcome of different causes: family history; result of serious diseases; exposure to environmental toxins; drugs abuse, food abuse; alcohol, smoke and drug addiction. The presence of dyscratic diathesis does not provide a diagnosis of disease but suggests detailed clinical investigations and preventive measures.
Dyscratic irises in healthy and moderate people must be considered hereditary. The recommended approach with a dyscratic iris is to carefully apply common health care preventions.

# DYSCRATIC

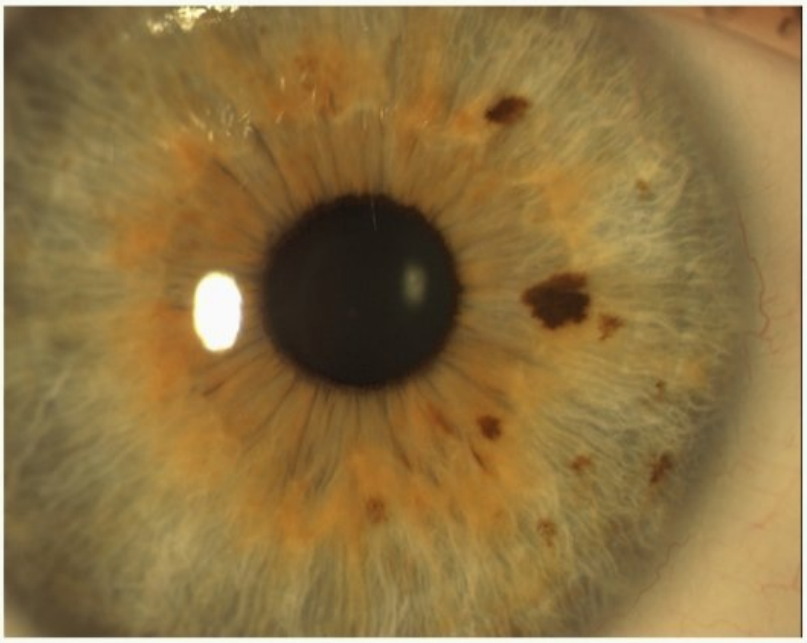


**Predispositions:** **hepatic diseases, fatty liver, cirrosis, metabolic syndrome (dyslipidemia, gout, diabetes, hypertension), pancreatic insufficiency, diabetes, autoimmune diseases (rheumatoid arthtritis, psoriasis, lupus, Crohn's disease ..)**

# DYSCRATIC

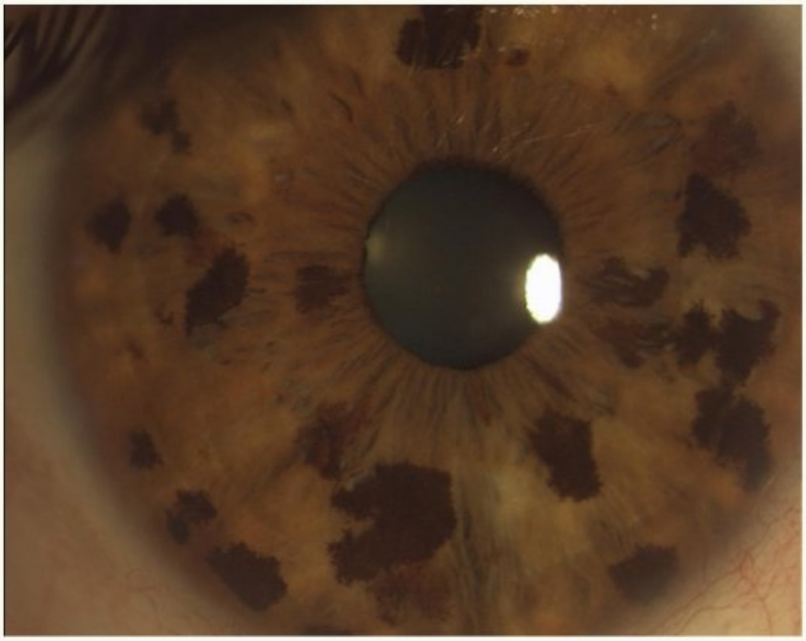


**Dyscratic plaques**

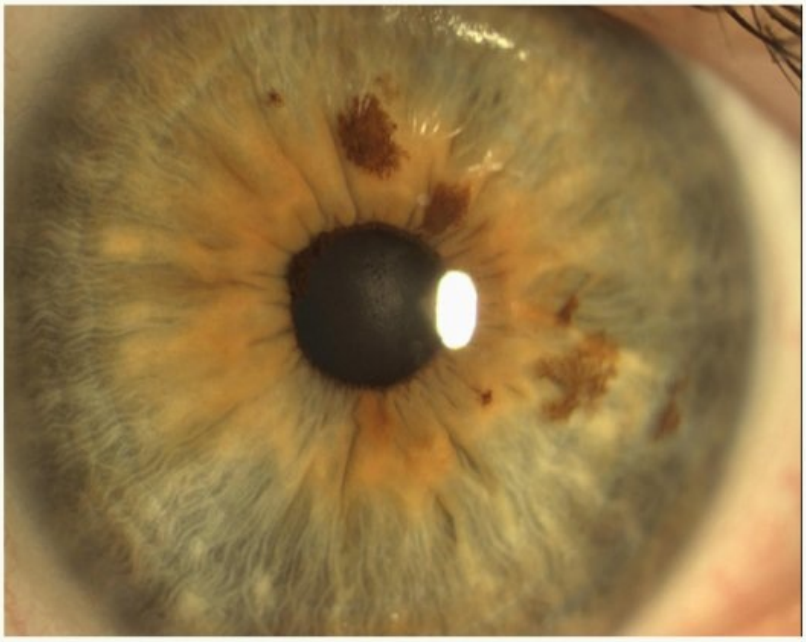


**Dyscratic plaques and pigments**

# DYSCRATIC

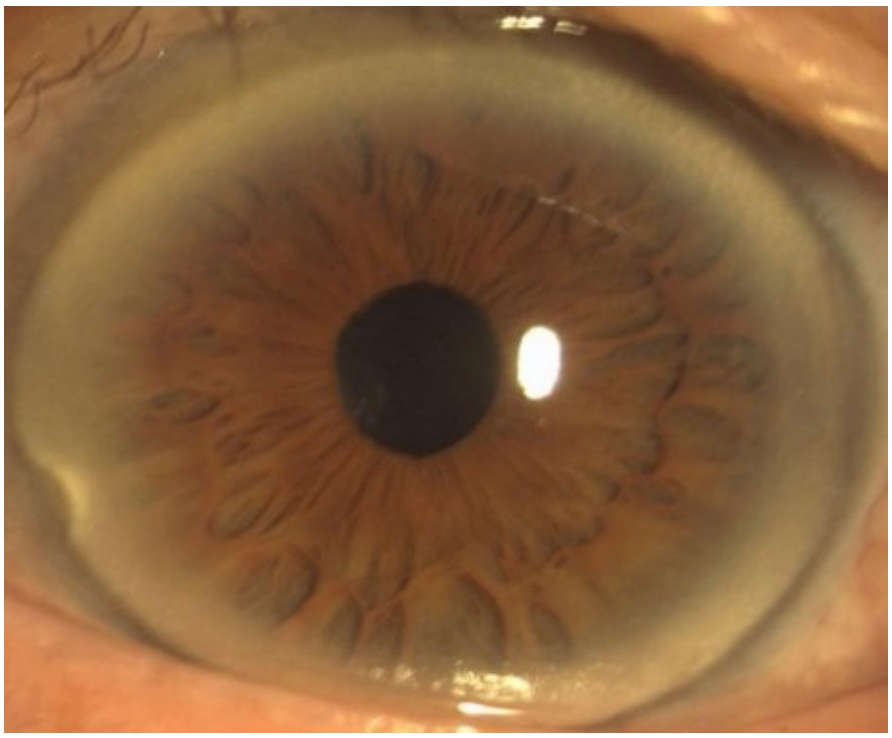


**Dyscratic brown pigments**



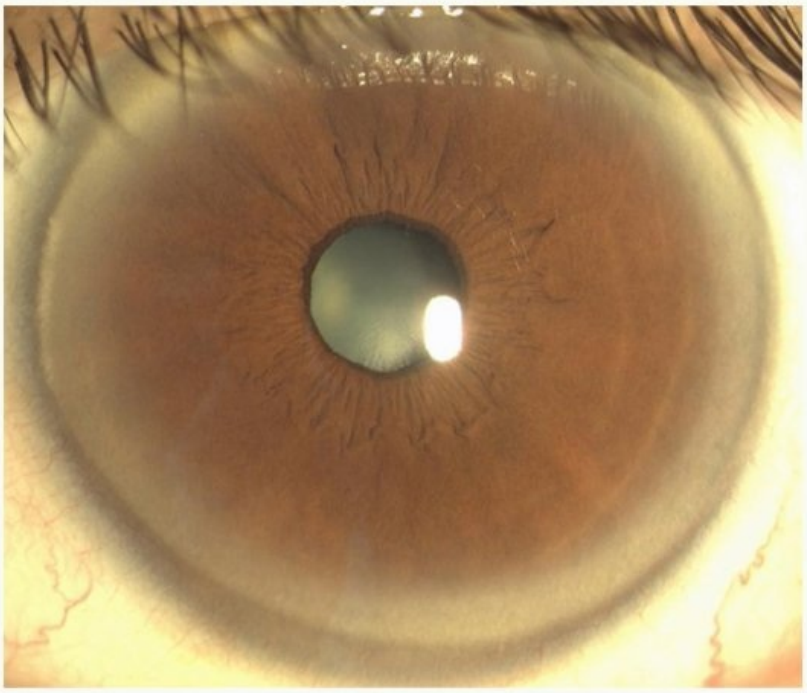
**Dyscratic plaques, pigments, tophi**

# Lipemic (Cholesterinic) diathesis



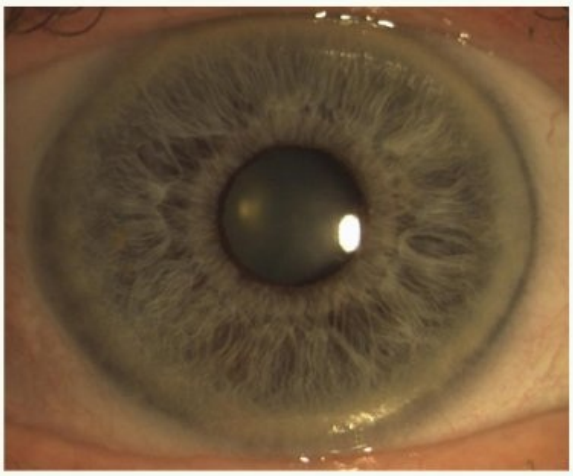
Morphology: filmy ring or arc on the ciliary margin. It is also called *arcus senilis* or *gerontoxon*. Disorders caused by lipemic overload, dyslipidemia, diabetes and gout. Tissue reaction to radiations.

## LIPEMIC (CHOLESTERINIC)

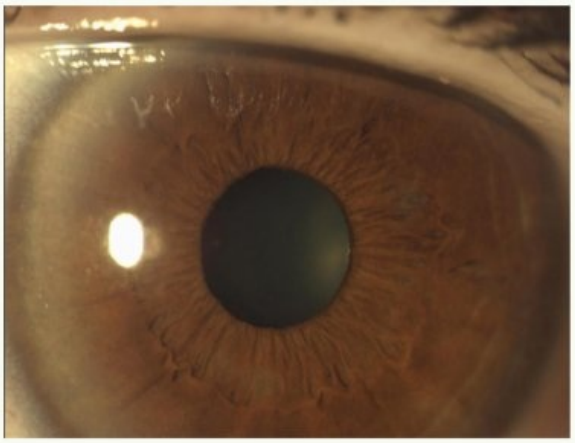


**Predispositions:** **atherosclerosis, vascular diseases, aneurisms, cerebral ischemia, ictus, thrombosis, ischemic cardiopathy, angina pectoris, senile dementia, Alzheimer's disease, metabolic syndrome, diabetes mellitus, gout, hypertension.**

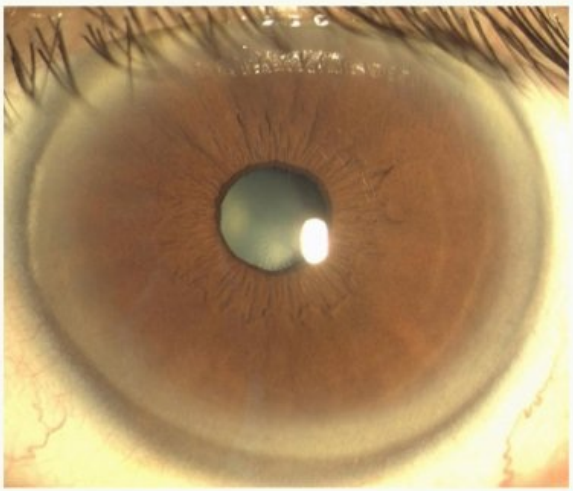
## LIPEMIC



Gerontoxon



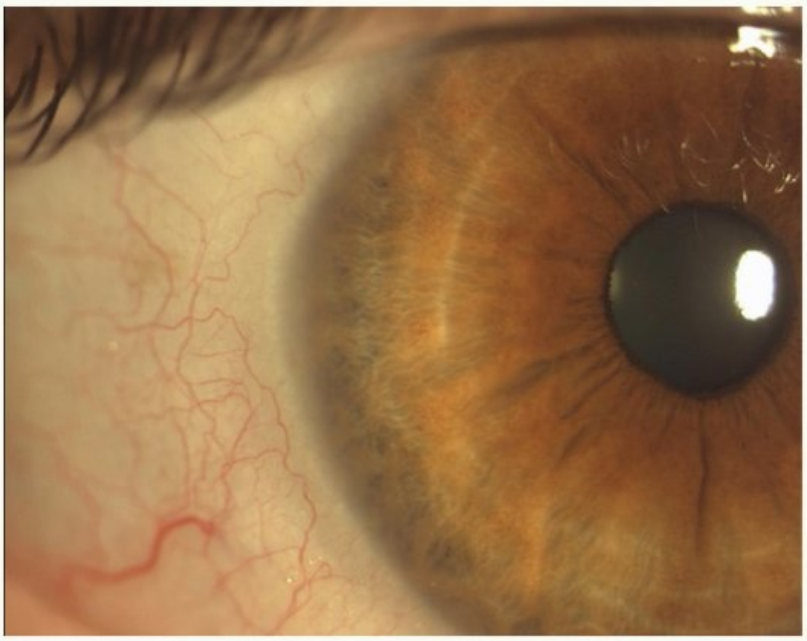
Lateral cholesterinic ring



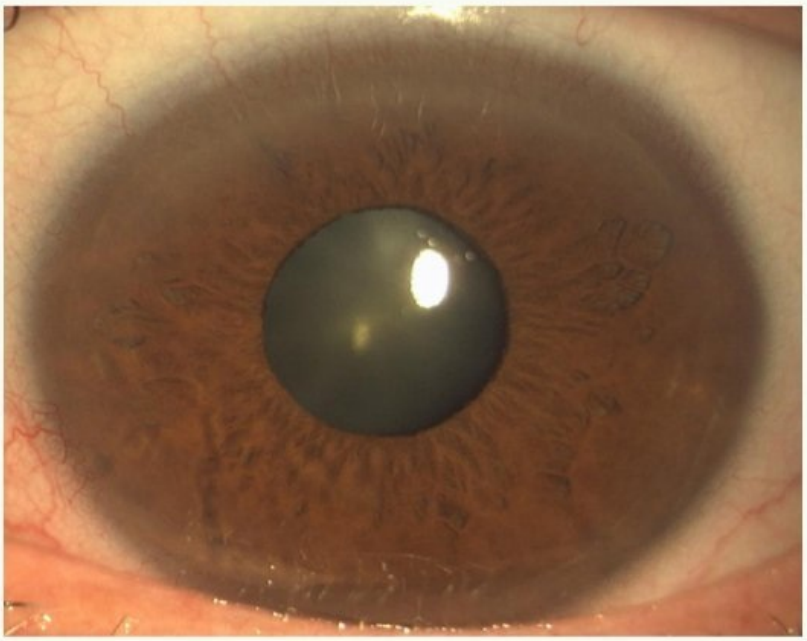
Calcified gerontoxon

# Evolution of cholesterinic diathesis

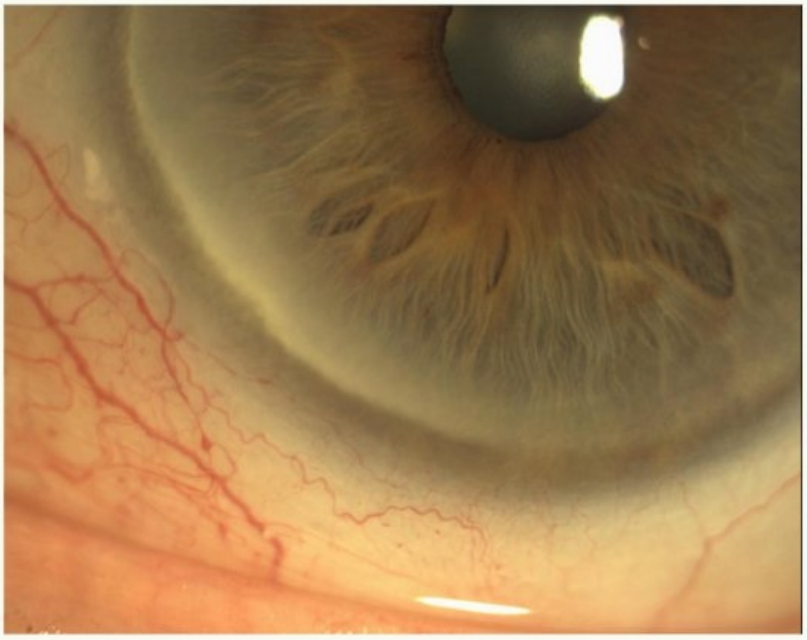
The gerontoxon in its initial stages can be transparent: in this case, it is called ***sodium ring***. Gerontoxon is preferably called ***cholesterinic or lipemic*** ring.
When cholesterinic ring is circumscribed to the nasal and temporal areas, it is called ***lunula*** (from Latin *luna = moon*) for its resemblance to the waxing moon.
The cholesterinic ring may be partly calcified. Such finding suggests a worsening of arteriosclerotic and metabolic risks (diabetes, gout) and an increased predispositions to other diseases: hyperparathyroidism, Dupuitren's syndrome, Peironie's syndrome.
When calcifications involve the lunula, we then talk about ***calcific lunula***.
Oftentimes the lipemic diathesis is not connected with high cholesterol and high triglyceride blood levels. In this case all aging processes must be considered and any cause of free radicals overload or lack of antioxidant nutrients (policosanols, anthocyans, polyphenols,).
In the presence of cholesterinic diathesis, the sclera provides many additional data: lipemic deposits, calcifications along the ciliary body's border and impairment of scleral blood vessels.



**Lunula**

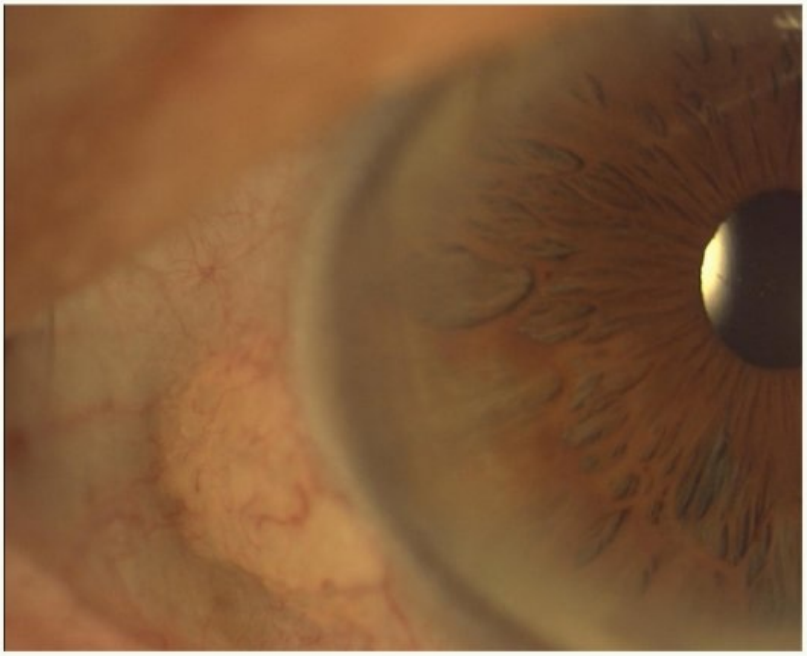


**Sodium ring**

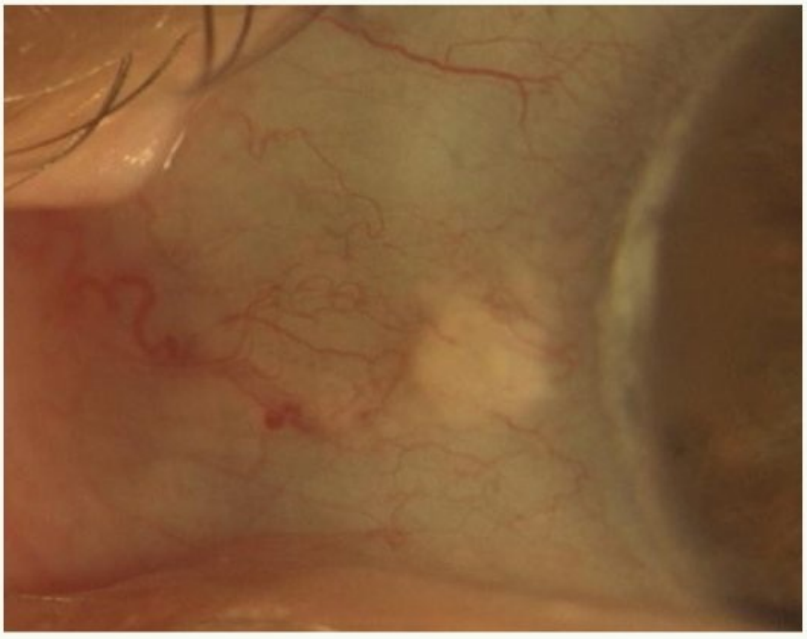


**Calcified gerontoxon**

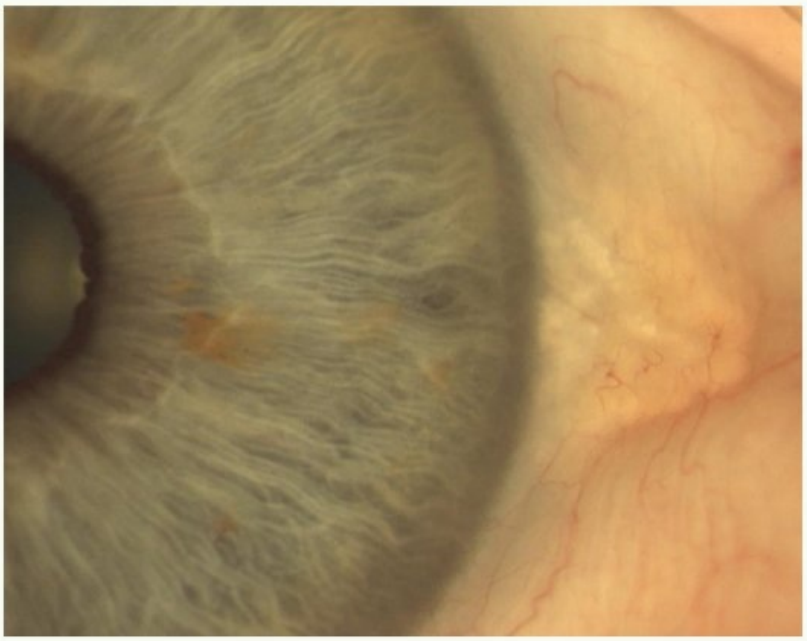
**Calcified gerontoxon**



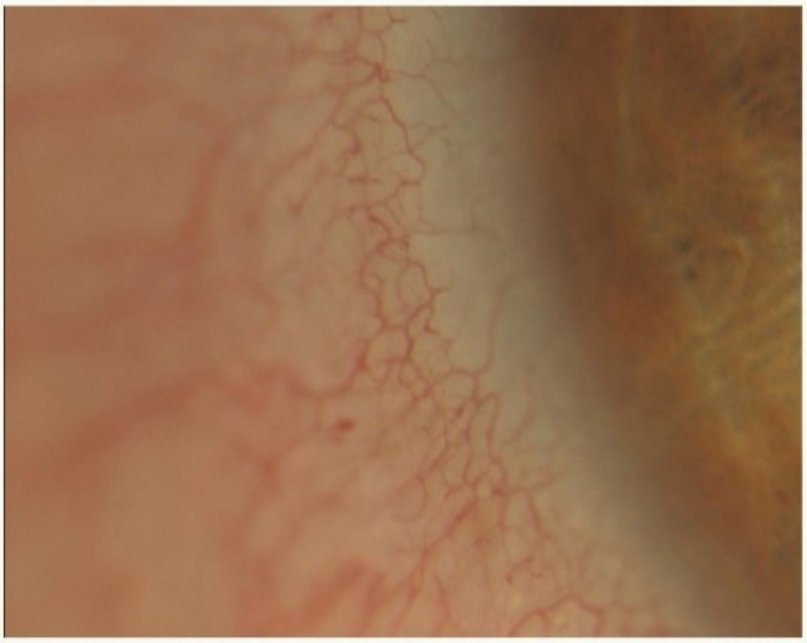
**Scleral calcific deposit,
calcific lunula, sodium ring**



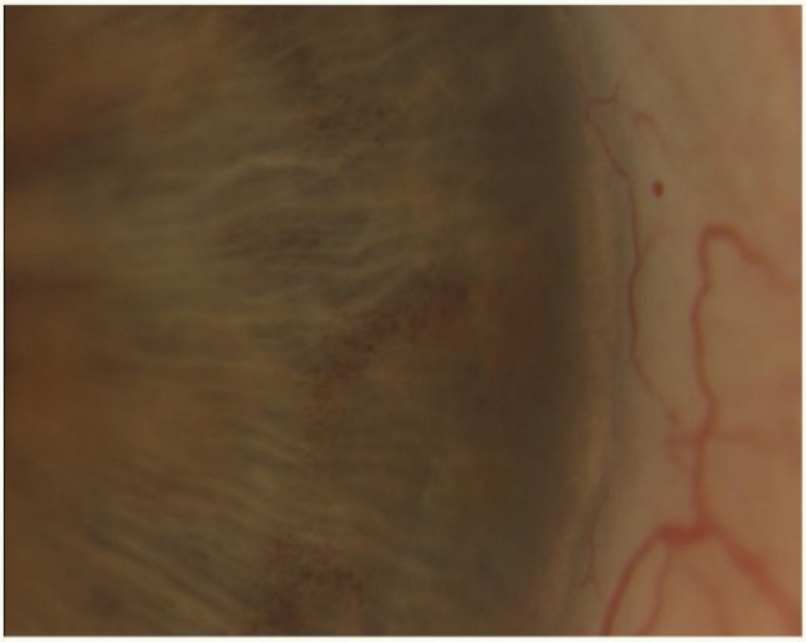
**Scleral calcific deposit, calcific lunula**



**Scleral calcific deposit**

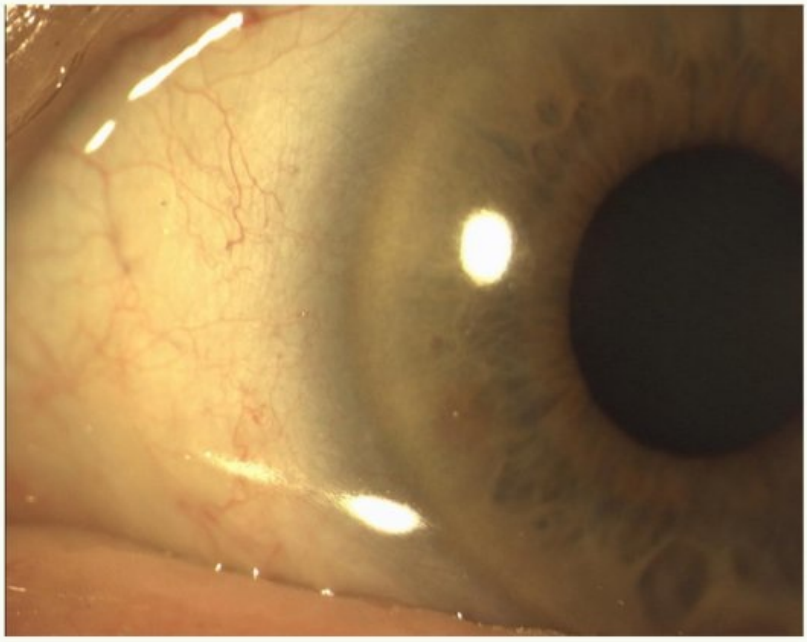


**Irritative capillarie network on gerontoxon**

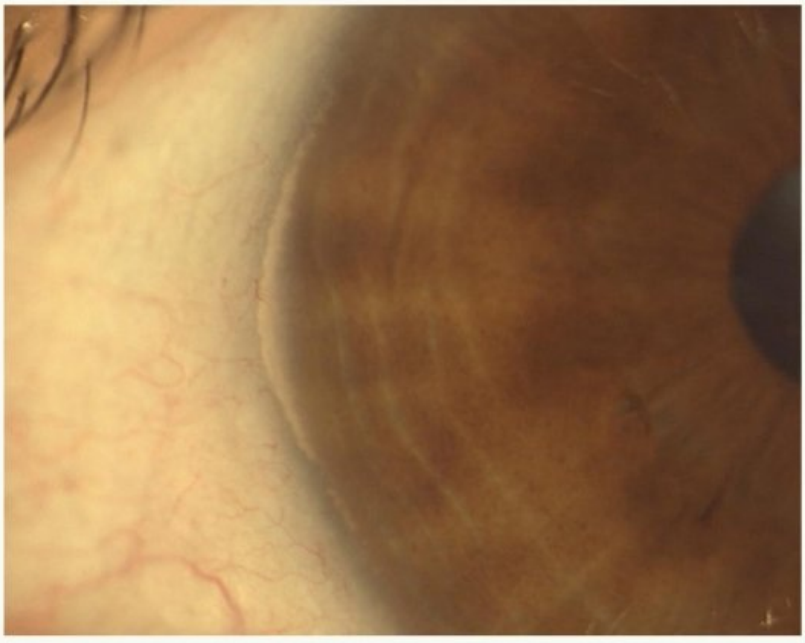


**Scleral vessels pointed towards calcified lunula**

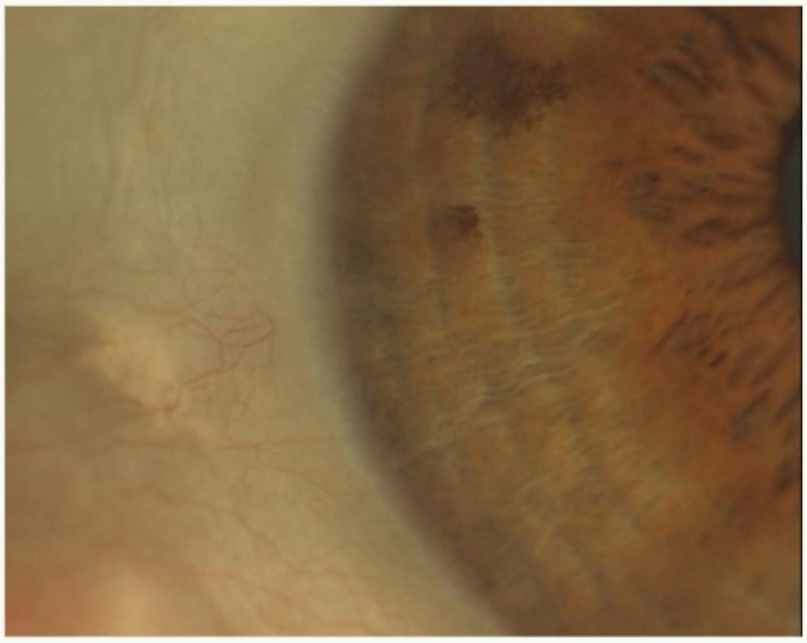
**Congested scleral vessels and translucent deposits**



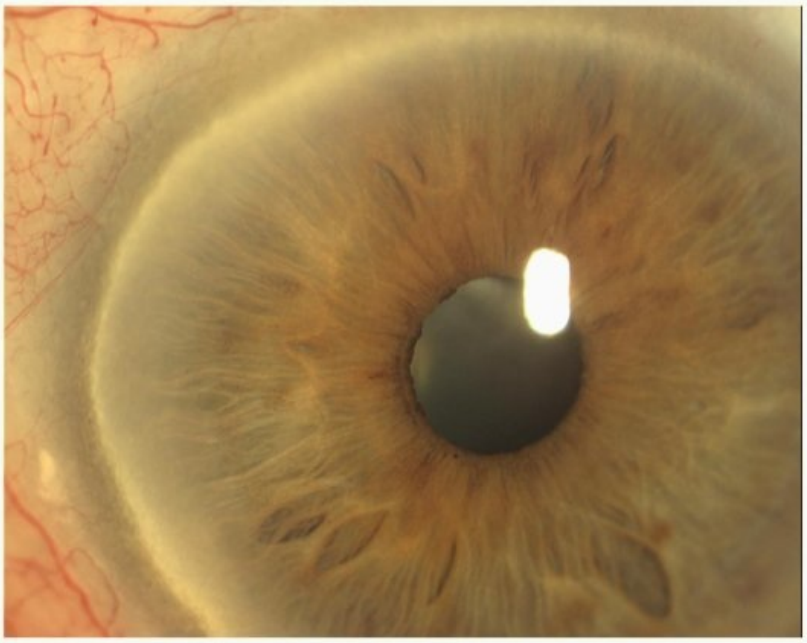
**Gerontoxon**



**Calcific lunula**



**Scleral lipidic deposit and lunula**

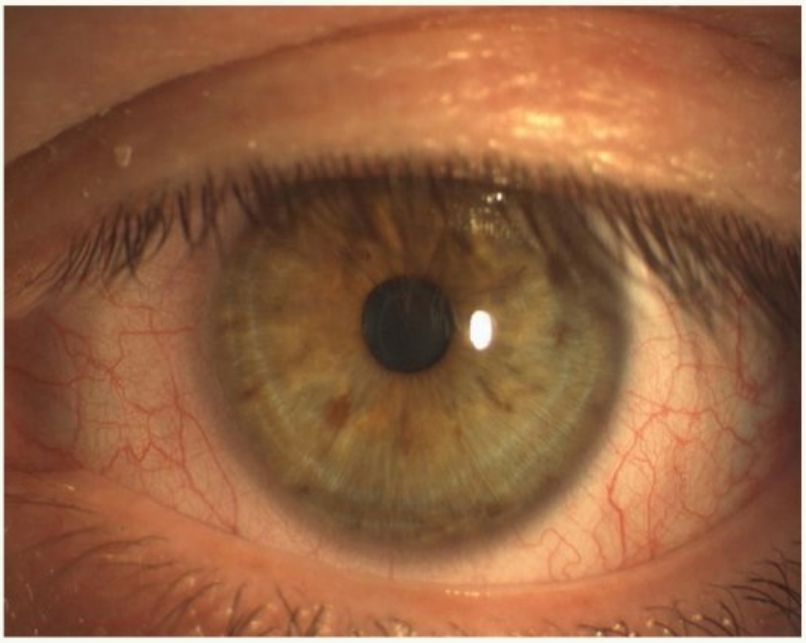


**Widespread calcified gerontoxon**

# Allergic Diathesis

Morphology: dense network of scleral capillaries on the iris lateral sides with vascular bundles perpendicular to the edge of the ciliary body (at 3:00 and 9:00 o’clock).

# ALLERGIC

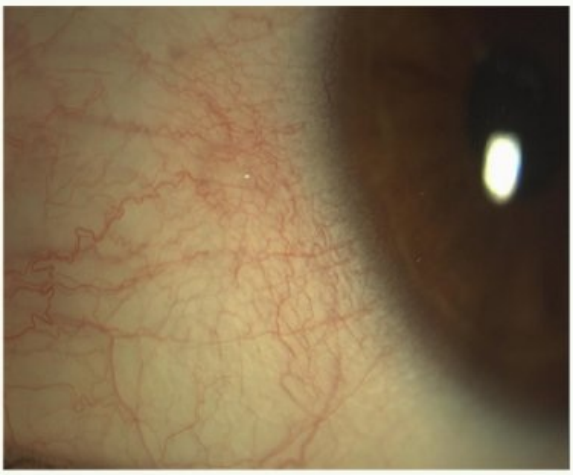


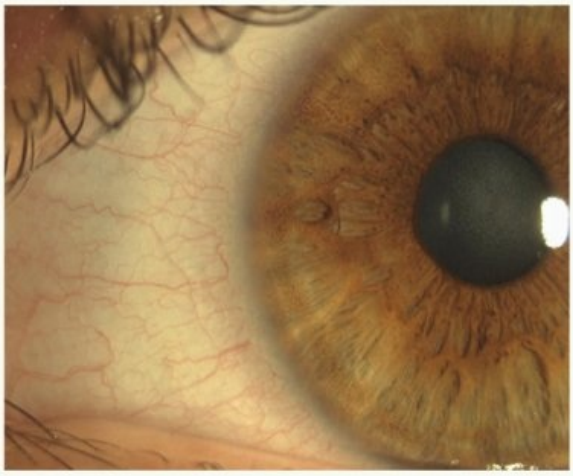
**Predispositions:** **allergic ocular rinitis,**
**allergic rinitis,**
**allergic conjunctivitis,**
**allergic asthma,**
**allergic dermatitis,**
**urticaria, eczema,**
**food allergies,**
**gastritis, colitis.**

The signs of allergic diathesis are found in the sclera, not in the iris (scleral capillaries' net). To corroborate such finding other objective signs should be looked for. As a matter of fact, the net of scleral capillaries can be misleading as it may be caused by many factors other than allergy: reaction to contact lenses, eye fatigue caused by computer screen, actinic conjunctivitis, infectious conjunctivitis, sinusitis, rhinitis, etc...

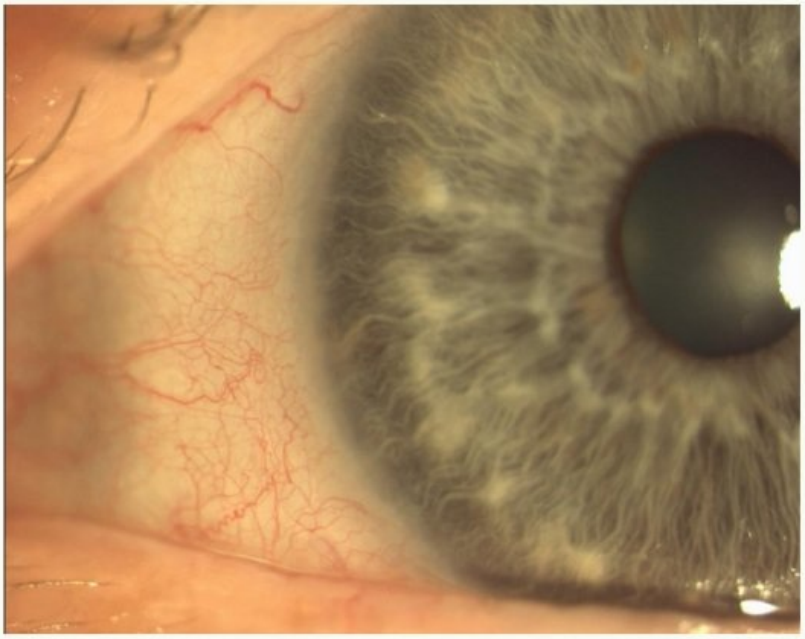
Allergies frequently occur in two other diatheses: the exudative and the dyscratic ones. In the first diathesis they are caused by a lymphatic overload (respiratory and skin allergies are mainly observed). In the second one they are caused by a toxic overload (skin and food allergies are mainly found).

# ALLERGIC

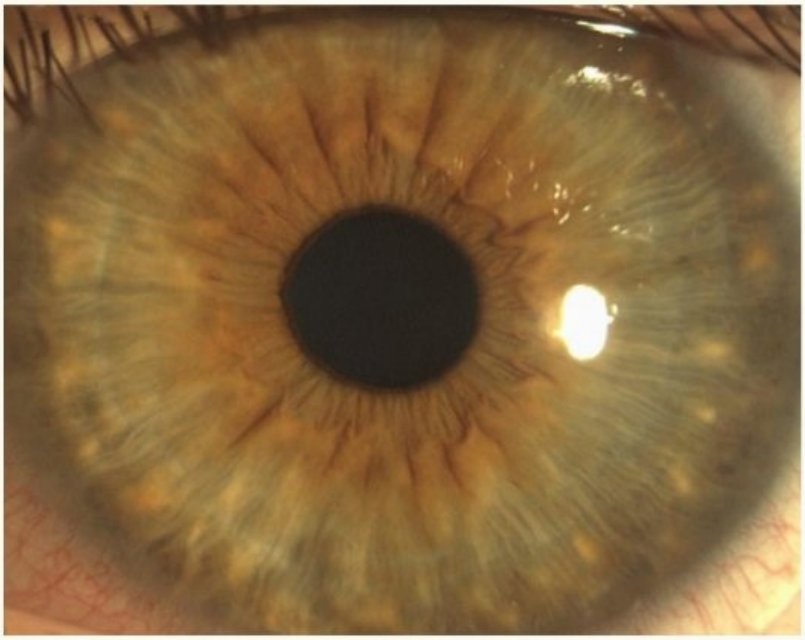




# DIATHESIS IN BRIEF

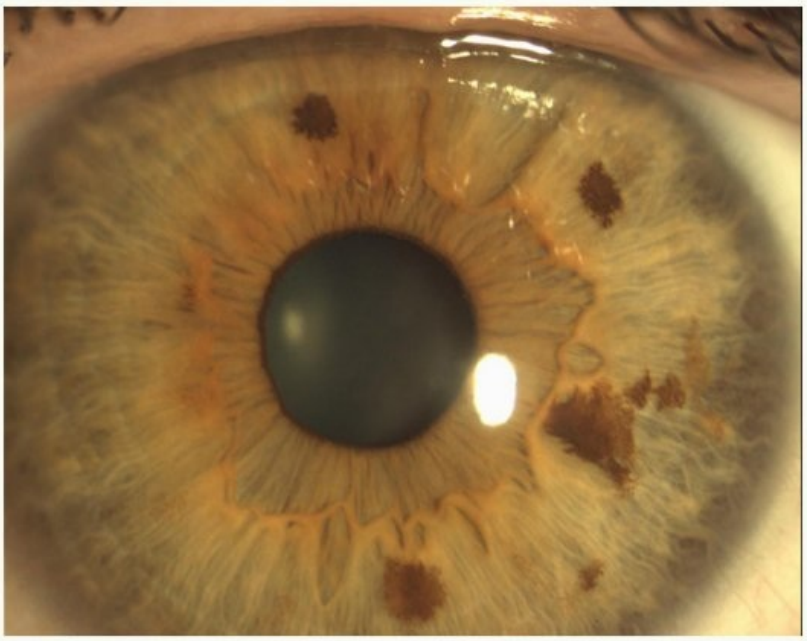


**Exudative. Respiratory, rheumatic and allergic disorders. Adenoiditis, tonsillitis.**

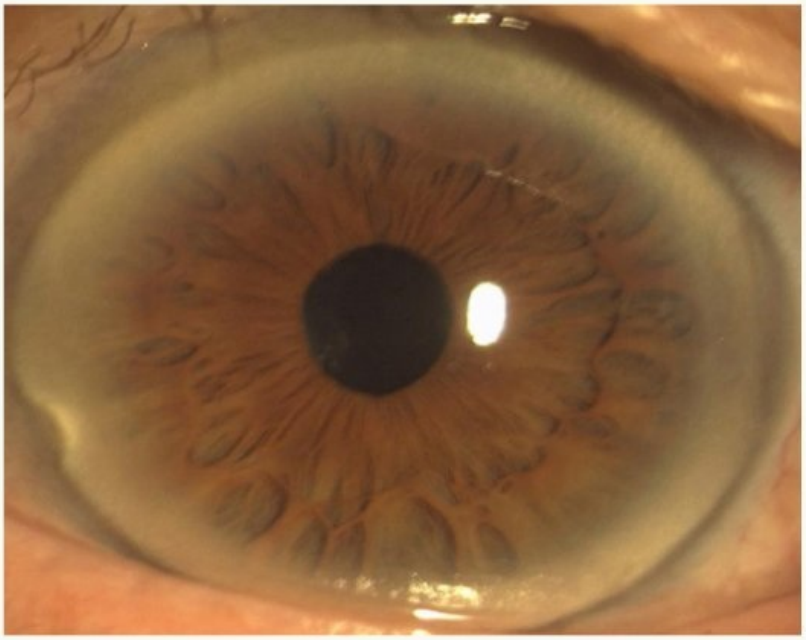


**Uric. Metabolic syndrome. Gout.**

# DIATHESIS IN BRIEF



**Dyscrasic. Metabolic overloading. Allergies. Epatic, renal insufficiencies. Predisposition to neoplasies.**



**Lipemic. Artheriosclerosis. Aging.**

# DIATHESIS IN BRIEF

**Allergic. Allergies. Allergic congiuntivitis, allergic rinitis, asthma.**

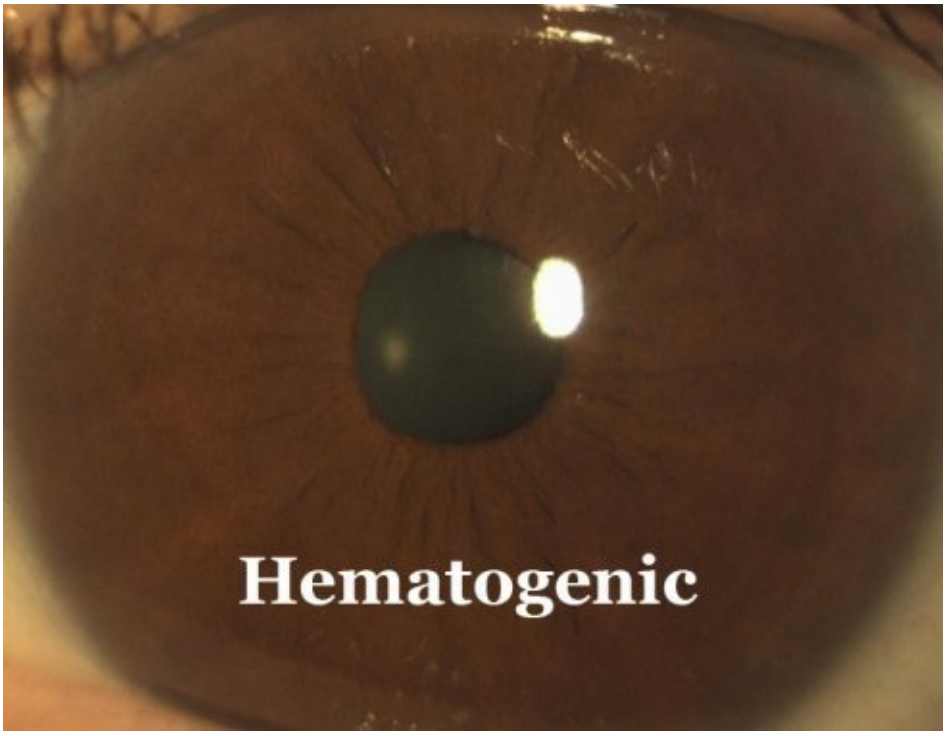
# Sports and Iris

The sport environment is a good starting point to understand the useful role that iridology can play.
Iridology can help find the right direction without being a hindrance to team staff (coach, trainer, sports physician, sport agent, athletes ...).

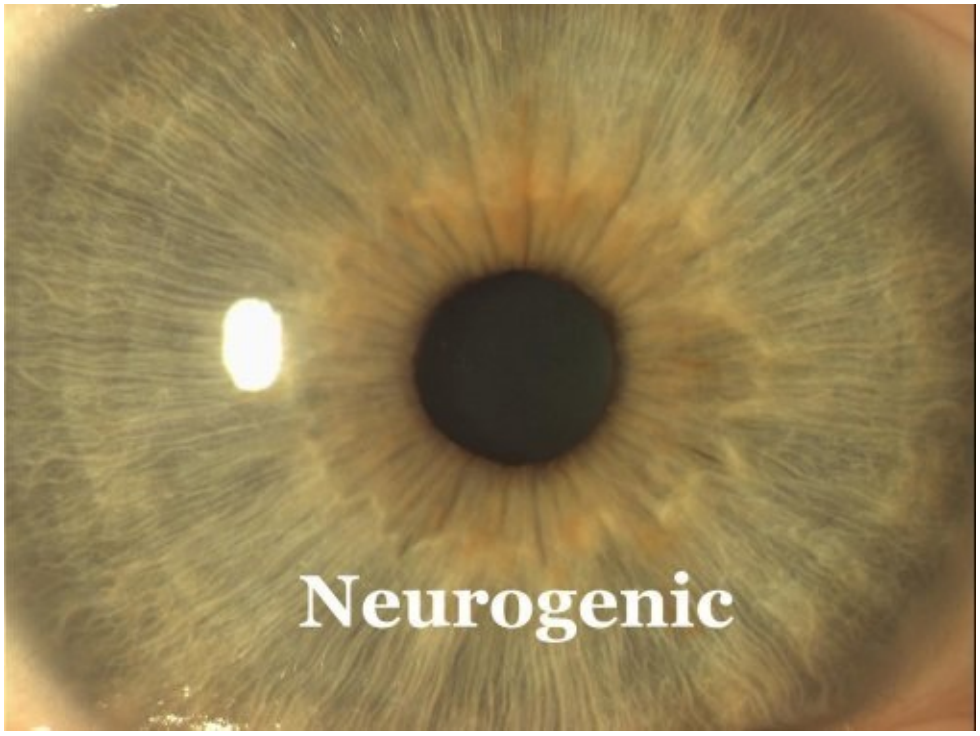
# Roles most suitable

Iridology is not able to tell if an athlete is a champion or not, but it can suggest which roles are most suitable.
There are sports requiring endurance (marathon, nordic skiing, cross country), explosive reactions (sprints, jumps), power (weightlifting, canoeing, rowing), skillfulness (archery, shooting) and there are team sports (soccer, baseball, basketball, football …) in which all these performances (endurance, sprint, power, dexterity …) must be adequately managed.
Iridology may help team staff choose the right talent for the right role.

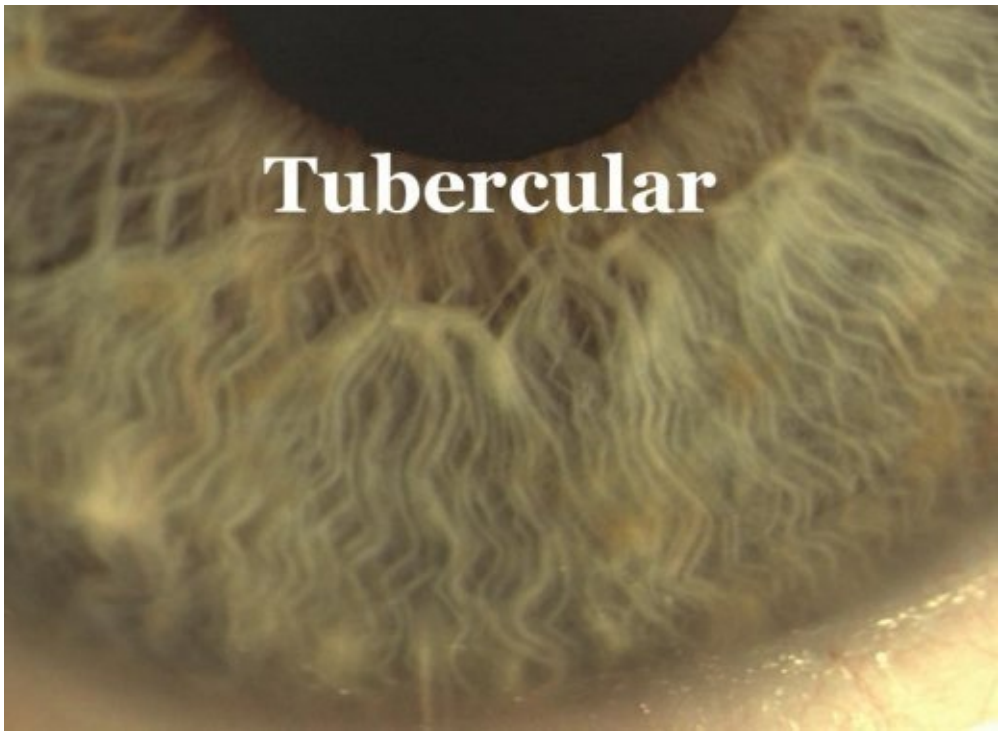
**Hematogenic iris**. Hematogenic constitutions have a very compact and sturdy structure. The traits to rely on in athletes with a hematogenic iris are endurance, perseverance and regularity. They should not be asked to perform exploits but to give security. They can guarantee a constant performance throughout the competition. Recommended roles: captain, defender.



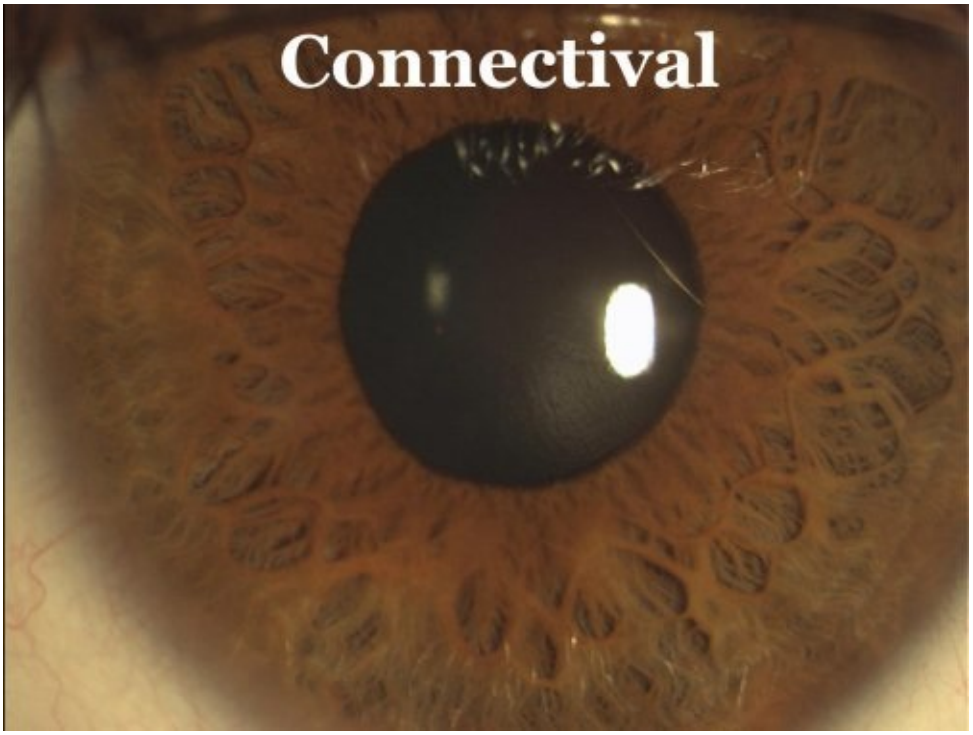
**Neurogenic iris.** Fast reactions, precision and control are the features of the neurogenic type. Athletes with a neurogenic iris have the right resources to carry out crucial tasks in match points. They manage external pressure very well and have a great insight into the game: they can play a determining role in carrying out game plans, assists, penalties, free throws and climax actions.



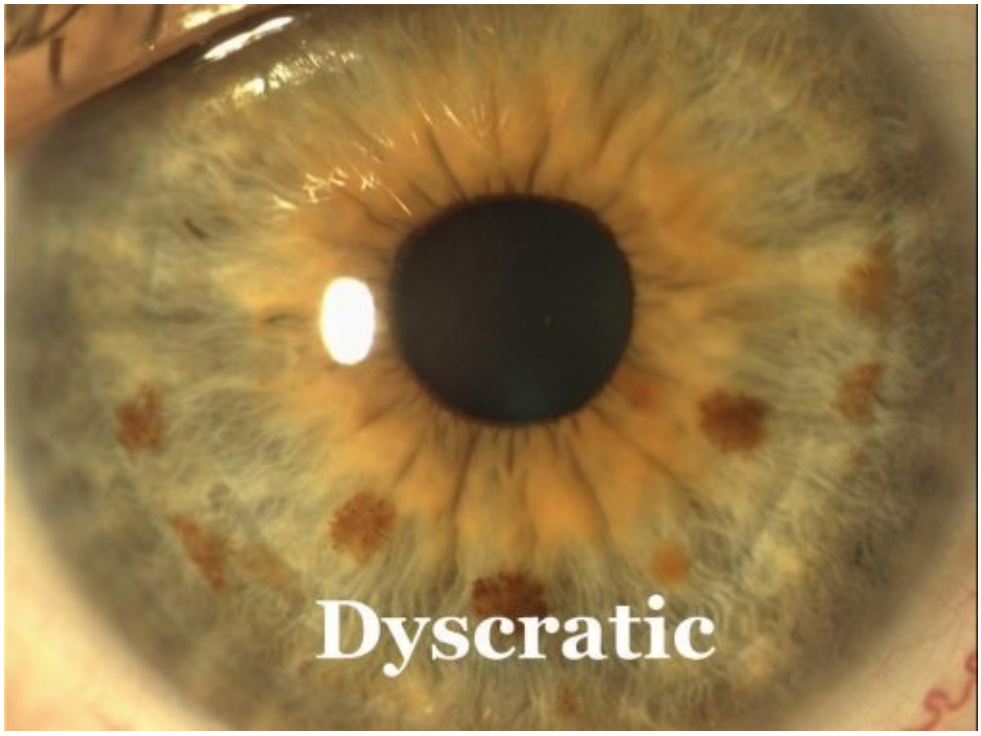
**Tubercular iris**. Unpredictable. Exceptional. The athlete with this iris can solve matches with winning moves and smart moves, but can also be completely out of contest.
Unpredictable both for best and for worse. His out-of-control character can cause problems with teammates and challengers alike.



**Connectival**. This constitution is predisposed to tissue laxity. Higher risk of injuries. An athlete with connectival iris must pay great attention to his/her training schedule and nutrition.

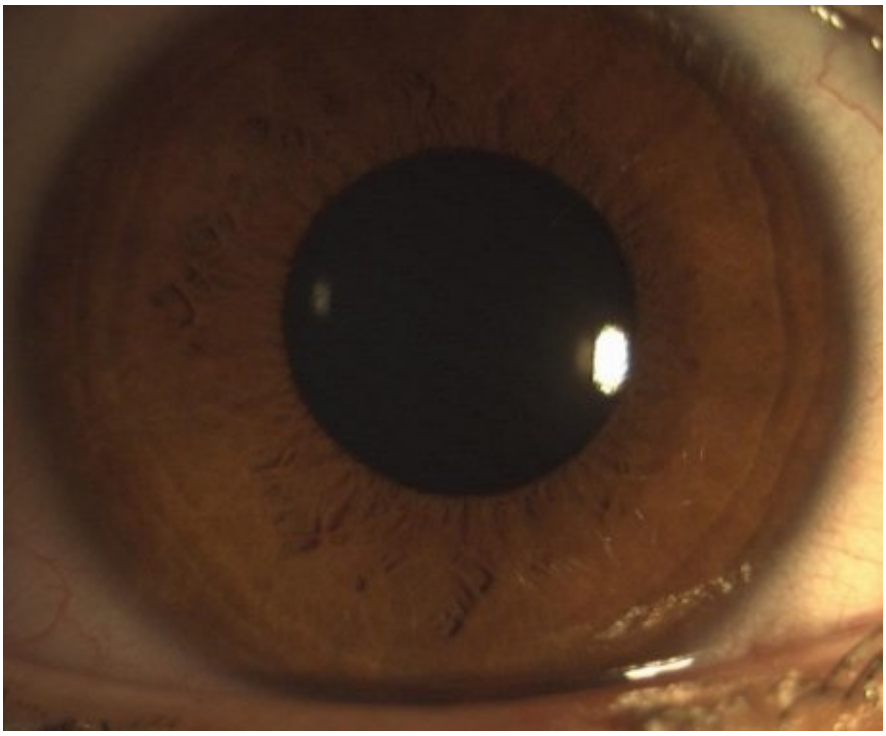


**Dyscratic diathesis**. Athletes with a dyscratic diathesis may have had a family history of chronic diseases, which have left signs on their iris. Otherwise, they can be worn out athletes at the end of their career who may have experienced many injuries and a lot of medical attention and therapy; or they might have exceeded with nutritional supplements and stimulants for a long time. Additionally, they might have carried an unhealthy life style characterized by abuses. Doping must also be taken into account. Athletes with a dyscratic iris must take care of their health by keeping a *good* life style.

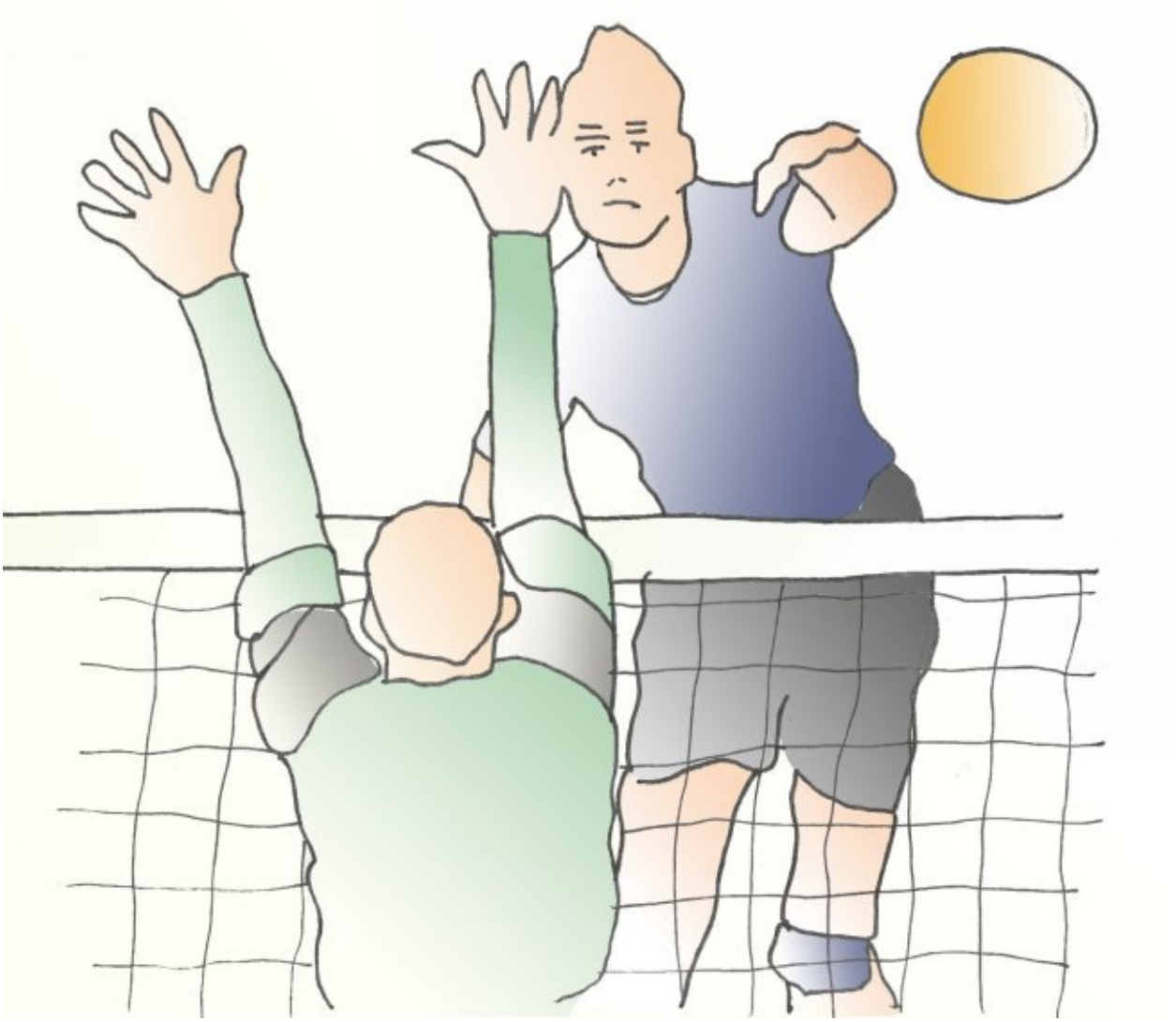


# Comments

These examples, like all classifications, are very strict. They are helpful but they do not keep into account the countless variables of real world.
Our body tends to compensate its defects.
Very often constitutional excesses or deficiencies are balanced by a good autonomic nervous system response.
The combined study of pupillary reactivity and iridological typologies helps evaluations of variables. The discussion of three variables in the sports sector may be useful.
An athlete with a hematogenic iris has been described as apt for tasks requiring endurance but not for exceptional performances. It is a reliable statement yet it should not be taken verbatim. For instance, there can be hematogenic athletes with adrenaline pupils (prone to dilation), where a solid constitution is associated to a high nervous reactivity. This variable therefore offers an interesting feedback that can widen the choices of team management.



An athlete with tubercular iris has been described as an unpredictable individual. S/he can act as a bearer of both triumphs and defeats. S/he usually is an explosive subject with an adrenaline pupil and a very wavy fiber structure. In reality, however, other findings can occur. For instance: a tubercular wavy fiber structure associated to a parasympathetic pupil. In such a case, the tubercular constitution (unpredictable) is modulated by the parasympathetic system's prevalence (self-controlled). It is another good balance to be noted by the team management.



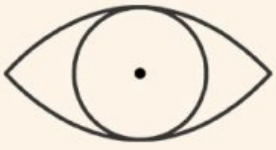
Finally, athletes with neurogenic iris have been described as a cold and precise individual to be employed when emotion might lead to mistakes. They usually are athletes with a constricted pupil (self-controlled), who do not drift into agonistic fervor. They may be out of place in contexts where the competition must be won with the heart. However, there are athletes with neurogenic iris and adrenaline pupil (dilated), who combine rational precision with adrenaline tension. The latter is thus another potentially interesting variable. These three examples have been chosen from the field of sports for they are easier to illustrate but this approach can be applied to other fields as well. For instance, a very frequent finding is a daisy-like iris (connectival) associated with a dilated pupil. Such combination shows an autonomic nervous system

reinforcement of an iridological constitution that is usually considered weak.
In conclusion, iridology is not an exact science but, with his suggestions, are an excellent resource as to use other discipline’s certainties to their best.

# Tables

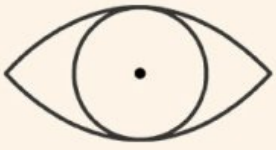
# PUPIL CONSTRICTION (MIOSIS)

| Active principle | Class | Pupil |
|---|---|---|
| Morphine, heroine, metadone, buprenorphine, opium | Opioids, major analgesics, narcotics, sedatives | Pronounced miosis, Tight pupil constriction *(pinhead pupil)* |
| Codeine | Opioid. Cough sedative | Miosis |
| Paraquat, Organophosphorous herbicides | Herbicides. War gases | Miosis |
| Pilocarpine | Anticholinesterase drugs. Treatement of glaucoma. | Miosis |
| Choline | Psychostimulant. Treatement of senile dementia. | Miosis |



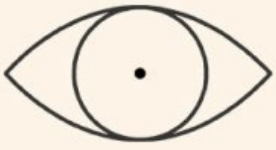
# PUPIL CONSTRICTION (MIOSIS)

| Active principle | Class | Pupil |
|---|---|---|
| Nicotine | Phsycostimulant. Toxic. Treatement of smoke addiction. | Pupil constriction |
| Rivastigmine | Anticholinesterase. Treatement of senile dementia and Alzheimer's disease | Pupil constriction. Miosis |
| Prostigmine | Antidote. Hospital anticholinesterase. | Pupil constriction. Miosis |
| Risperidone | Antiphsycotic | Mild pupil constriction. Miosis |
| Metoclopramide | Antiemetic (antivomiting) | Mild constriction |



# PUPIL CONSTRICTION (MIOSIS)

| Active principle | Class | Pupil |
|---|---|---|
| Domperidone | Prokinetic anti-dyspeptic, | Mild constriction |
| Betablocker | Cardiac antiarrhytmics. Thyroid modulators. | Pupil constriction. Miosis |
| Cocaine | Pshycostimulant. Toxic. | No dilation. |
| Insulin (hypoglicemia caused by large dosages) | Hypoglicemic agent | Mild constriction. Miosis |
| Sulfonylureas, biguanides (hypoglicemia caused by large dosages) | Oral hypoglicemic agents | Mild constriction. Miosis. |



# AMANITA MUSCARIA

| | |
|---|---|
| **Pupil:** | **constriction (miosis)** |
| **Other actions:** | **salivation, lacrimation, vomiting, cephalea, diarrhea, bronchospasm, bradycardia, hallucinazions, hypotensione, shock** |
| **Active priniples:** | **muscarine, muscimol, isoxazole, ibotenic acid** |
| **Effects:** | **parasympathetic stimulation, exitatory and inhibitory cerebral receptors' actvation** |

# DILATION (MYDRIASIS)

| Active principle | Class | Pupil |
|---|---|---|
| Atropine. Atropa belladonna | Antidote. Antispasmodic. Toxic | Mydriasis |
| Atomoxetine | Pshycoanaleptic Pshycostimulant Sympathomimetic | Mydriasis |
| Scopolamine Butylscopolamine | Antispasmodics | Dilation. Mydriasis |
| Trimebutine | Antispasmodic | Dilation. Mydriasis |
| Anfetamines Fenfluramine | Pshycostimulants Anorexic | Dilation. Mydriasis |
| Atropine-based eyedrop | Anticholinergic | Dilation. Mydriasis |

# DILATION (MYDRIASIS)

| Active principle | Class | Pupil |
|---|---|---|
| Fluoxetine | Antidepressant Inhibitor of serotonine reuptake | Dilation. Mydriasis |
| Escitalopram | Antidepressant | Dilation. Mydriasis |
| Paroxetine | Antidepressant | Dilation. Mydriasis |
| Citalopram | Antidepressant | Dilation. Mydriasis |
| Sertraline | Antidepressant | Dilation. Mydriasis |
| Bupropion | Antidepressant | Dilation. Mydriasis |

# DILATION (MYDRIASIS)

| Active principle | Class | Pupil |
|---|---|---|
| Duloxetine | Antidepressant | Dilation. Mydriasis |
| Midodrine | Cardiac analeptic | Dilation. Mydriasis |
| Copropamide | Cardiac-respiratory analeptic | Dilation. Mydriasis |
| Synefrine | Cardiovascular analeptic Sympathomimetic | Dilation. Mydriasis |
| Amitriptyline. MAOI | Antidepressant (amino-oxidases-inhibitors) | Dilation. Mydriasis |
| Triptans | Anticephalgics Antimigrane | Dilation. Hippus, accomodation disorders, blurred vision |

# DILATION (MYDRIASIS)

| Active principle | Class | Pupil |
|---|---|---|
| Biperiden Anticholinergic | Antiparkinsonian | Dilation. Mydriasis |
| Otilonium bromide | Antispasmodic | Mydriasis |
| DOPA | Dopaminergic Antiparkinsonian | Mild dilation. Accomodation disorders, oculogyric crisis |
| Citicoline | Pshycostimulant Attention stimulant | Mild pupil dilation. Tics, nystagmus. |
| Xanthines (coffee, tea, cocoa, chiocolate) | Attention stimulants Analeptics | Mild dilation. |
| Eleutheroside Panaxosides (Eleuterococcus, Panax ginseng) | Stimulants | Mild dilation. |

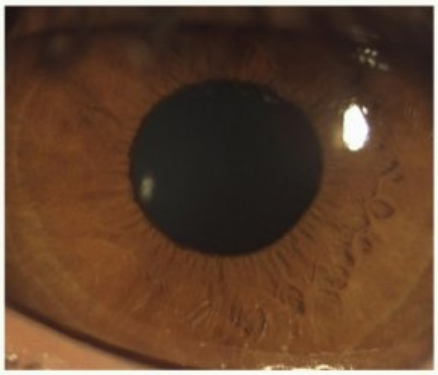
# ELEUTEROCOCCUS SENTICOSUS

| | |
|---|---|
| **Pupil:** | **dilation (mydriasis)** |
| **Other actions:** | **stimulation of circulatory and nervous system** |
| **Active principles:** | **eleutherosides, oleanoic acid, isofraxidine** |
| **Effects:** | **activation of sympathetic system** |

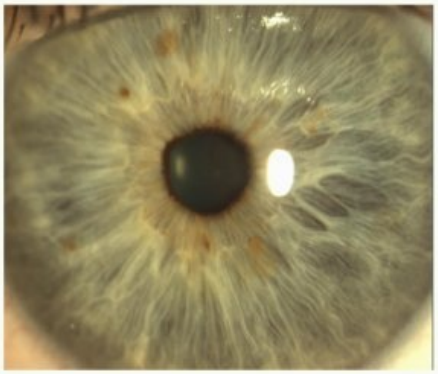
| SIDE EFFECTS ON VISION AND EYE | | |
|---|---|---|
| **Active principle** | **Class** | **Vision and eye** |
| Benzodiazepines | Sedatives | Eyelid lowering<br>Slow accomodation |
| Alcoholics | Disinhibitors<br>Sedatives<br>Toxics | Eyelid lowering<br>Slow accomodation |
| Hallucinogens,<br>Ecstasy,<br>LSD | Psychotropic effects | Aberrant reaction<br>on accomodation.<br>Uncontrolled eye<br>movements. |
| Phenytoin | Antiepileptic | Possible side effects:<br>nystagmus,<br>diplopia |
| Topiramate | Antiepileptic | Possible side effects:<br>nystagmus,<br>diplopia |
| Carbamazepine | Antiepileptic | Possible side effects:<br>nystagmus,<br>diplopia |
| Halpoperidol,<br>phenotiazines | Neuroleptics.<br>Antidepressants. | Possible side effects:<br>eye lateral<br>twisting |

| SIDE EFFECTS ON VISION AND EYE | | |
|---|---|---|
| **Active priciple** | **Class** | **Vision and eye** |
| Sertraline | Antidepressant | Possible side effects: Diplopia, scotoma, Blurred vision, Glaucoma. lacrimation. |
| Reboxetine | Antidepressant | Alterations in accomodation |
| Duloxetine | Antidepressant | Possible side effects: blurred vision. Glaucoma. |
| Agomelatine | Antidepressant | Blurred vision |
| Hypericum | Minor antidepressant | Photosensitivity. Actinic conjunctivitis. Photophobia. |
| Risperidon | Antipsychotic | Ocular hyperemia. Lacrimation. Conjunctivitis. Photophobia. |
| Methylphenidate | Psychostimulant | Alterations in accomodation. Blurred vision. |

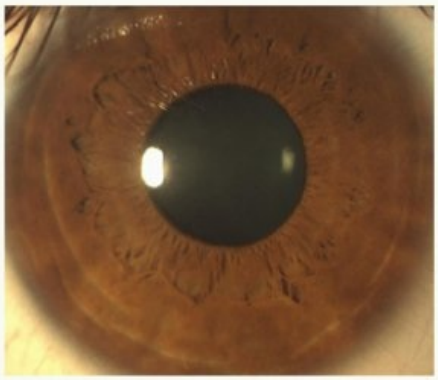
| SIDE EFFECTS ON VISION AND EYE | | |
|---|---|---|
| **Active priciple** | **Class** | **Vision and eye** |
| Modafinil | Psychostimulant | Alteration in accomodation. Xerophtalmia. |
| Atomoxetine | Psychostimulant | Alteration on accomodation. Blurred vision. |
| Xylocaine Procaine | Local anesthetics contained in many analgesic ointments and eye drops | As anesthetic block of pupil slowing down of accomodation |
| Disulfiram (Antabuse) | Alcohol detox | Optic nerve neuropaty |
| Betablockers | Cardiac antiarrhythmics | Decrease in itraocular pression |
| Levosulpiride | Prokinetic drug Antidyspeptic drug | Involuntary eye movements |
| Chloroquine | Antimalarian | Visus decrease due to retinic damage |
| Cocaine | Illegal psichostimulant | Involuntary eye movements |



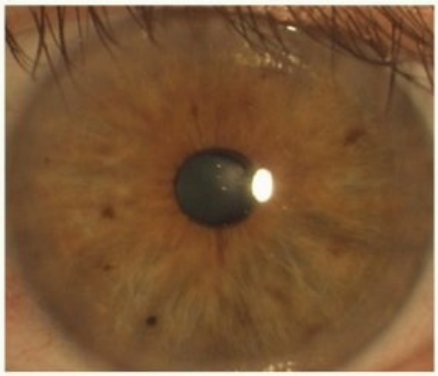
Fear



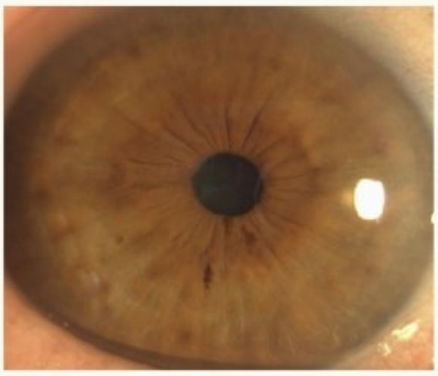
Pain



Tender age

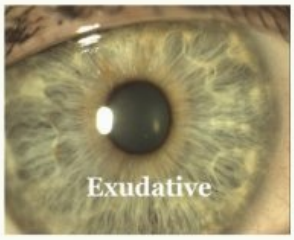
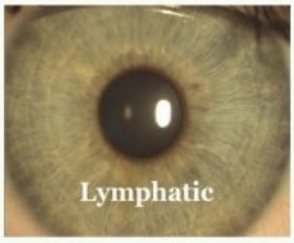
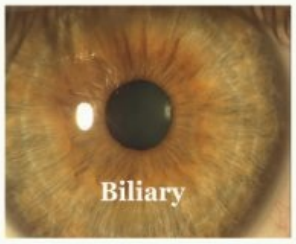
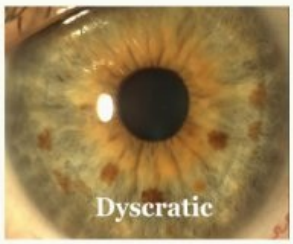
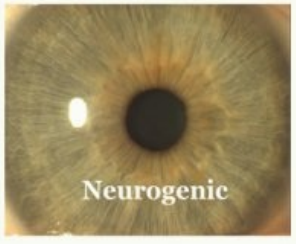
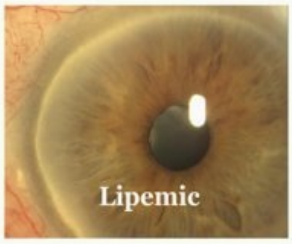
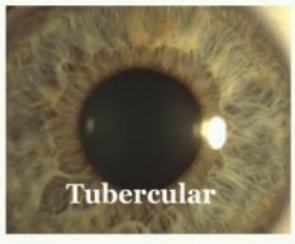


Old age



Hypoglicemia

# IRIS PATTERNS

| Three constitutions | Five types | Five diathesys |
| --- | --- | --- |
| Hematogenic | Spasmodic |  Exudative |
|  Lymphatic | Glandular | Uric |
|  Biliary | Connectival |  Dyscratic |
| |  Neurogenic |  Lipemic |
| |  Tubercular | Allergic |

# Bibliography


Berdonces J. L. “Manual Básico de Iridologia” Integral Ediciones (Oasis), Barcelona, 1990

Minisini F, Pizzini S. “Il Rimedio dall’Iride” M.I.R. Edizioni 2008

Peckzely I. “Premier schema de l’iris par Peczely” in Extrait du Homaeopatische Monatblader” n.4. Budapest 1886

Peckzely I. “Entdeckungen auf dem Gebiete der Natur und Heilkunde” Budapest 1886

Puerari F. “The basics of iridology-2-Maps” Amazon Media EU S.àr.l., 2015

Puerari F. “The Basics of Iridology-3-Markings” Amazon Media EU. S.àr.l., 2016

Puerari F. "Biometrica dell'Iride e Quantum Medicine" Università del Piemonte Orientale. Corso di Perfezionamento in A.E.I. Prof. C. Molinari. Tesi finale. UPO, Novara, AA 2016/2017

Ratti E. “Iridologia” Associazione Iridologica Italiana (ASSIRI) 2005

Ratti E., Karl J. “Iridologia Atlante illustrato e commentato” Provincia Autonoma di Bolzano Alto Adige 2011

Sartorelli A. A. “Semeiotica dell’Iride” ASSIRI 2006

Schlegel E. “Die Augendiagnose des Dr. Ignaz Von Péckzely. Tubingen 1887

Stolz R. “La topografia dell’Iride” ASSIRI 2005

Tart-Jensen E. “Techniques in iris analysis Text book for iridology” Infinite Iris 2013

**Thanks for reading**
**The next e-book will focus on iris maps and charts**
**Francesco Puerari**
**2014**